

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FOR REINSTATEMENT

FILED

02 OCT 29 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000052690

1. Corporation Name

THE KAICHEN COMPANY, INC.

Principal Place of Business

1801 EAST LAKE ROAD, #18-G
PALM HARBOR FL 34685

Mailing Address

1801 EAST LAKE ROAD, #18-G
PALM HARBOR FL 34685

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified To Do Business in Florida

06/07/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3586378

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSD	KAICHEN, KARIN A	1801 EAST LAKE ROAD, #18-G	PALM HARBOR FL 34685

80000864498
10/29/02-01037-014 **150.00

Handwritten signature/initials

8. Name and Address of Current Registered Agent

KAICHEN, KARIN A
1801 EAST LAKE ROAD, #18-G
PALM HARBOR FL 34685

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2E040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

Handwritten signature
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Handwritten signature
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

THE KAICHEN COMPANY, INC.

Natural Products Broker/Marketing Consultants

Tel: [727] 789-5108

Retailer Hotline: 800-483-5780-02

Fax: [727] 786-0043

October 21, 2002

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Reference Number: P99000052690

To Whom It May Concern:

We are again notifying you that we never received the two prior uniform business report notices.

Enclosed is our fee to file the Reinstatement Application and the signed form.

Sincerely,



Karin A. Kaichen
President

THE KAICHEN COMPANY, INC.

Natural Products Broker/Marketing Consultants

Tel: [727] 789-5108

Retailer Hotline: 800-483-5780-02

Fax: [727] 786-0043

August 5, 2002

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Reference Number: P99000052690

To Whom It May Concern:

We never received our first annual report for 2002. Please waive the \$400 late fee.

We are a very small business and pride ourselves in filing our business report on time.

--Thank you-for-your-consideration.

Sincerely,



Karin A. Kaichen
President