## 2005 FOR PROFIT CORPORATION REINSTATEMENT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

## FILED DOCUMENT # P99000075548 05 OCT -4 AM 10: 52 KITCHEN APPLIANCE TEXTILES, INC. SEURLIARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 596 SHERWOOD AVE. P.O. BOX 372983 SATELLITE BEACH, FL 32937 SATELLITE BEACH, FL 32937 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite Apt # etc. 06022005 REIN-P CR2E098 (6/04) City & State City & State Applied For 4. FEI Number 59-3604596 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name REID, KATHRINE Street Address (P.O. Box Number is Not Acceptable) 240 BONNIE COURT SATELLITE BEACH, FL 32937 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and tritle if applicable (NOTE: Registered Agent signature required when reinstating) In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$300.00 corporation did not receive the prior notice. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. 300060194989 0' 10/04/05--01007--003 \*\*308.75 Delete TITLE TITLE NAME REID, KATHERINE NAME STREET ADDRESS 240 BONNIE COURT STREET ADDRESS CITY-ST-ZIP SATELLITE BEACH, FL 32937 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - 7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not gualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with a given left genowered.

OFFICER OR DIRECTO

**TO:** ◆STATE OF FLORIDA 2005 FOR PROFIT CORPORATION REINSTATEMENT **DIVISION OF CORPORATIONS** P.O. BOX 6327 TALLAHASSEE, FL 32314

FM: KITCHEN APPLIANCE TEXTILES, INC.

DOC# P99000075548

MS. KATHRINE REID, OWNER

DT: **JUNE 2, 2005** 

SB: REINSTATEMENT OF CORPORATION AFTER **HURRICANE DISPLACEMENT** 

> Thank you for your assistance. We still have not recovered from the last three hurricanes of 2004.

> When I heard that the Reinstatement Fees can be waived for Hurricane victims I was elated! We have worked so hard to reestablish our company. I have been processing with insurance companies to no avail up till now! This month we have tried to get monies together to reinstate, I was unaware of your fee reducing program. I have lost touch with many organizations!

Please receive my enclosed reinstatement paperwork and a check for three hundred dollars (\$308.75) for Reinstatement and Certificate if Status.

An official letter from the State would be most helpful, as the SBA will not issue aid to us as long as we are in "inactive status".

Called 29 Aug 2005 to verify my status & armounce that I was "NexT-DAY AIR" "WE" POPORT ASAS TOSAY