

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 16 AM 8:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000106513

1. Corporation Name

KITCHEN DECOR, INC.

Principal Place of Business

4955 LIVE OAK DRIVE
SARASOTA FL 34232
US

Mailing Address

4955 LIVE OAK DRIVE
SARASOTA FL 34232



REINSTATEMENT 03

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/06/1999

5. FEI Number

65-0971231

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSD	HARRELL, GARY	4955 LIVE OAK DRIVE	SARASOTA FL 34232
V	SIGNOR, BRYAN Delete	4955 LIVE OAK DRIVE	SARASOTA FL 34232

500023855295
10/16/03--01050--003 **150.00

8. Name and Address of Current Registered Agent

LEWIS, KURT F
6624 GATEWAY AVENUE
SARASOTA FL 34231

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

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

SIGNATURE

Date

REGISTERED AGENT MUST SIGN

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-13-03

Date

1-941-504-0194

Daytime Phone #

CR2E040 (7/03)

October 13, 2003

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

Re: Kitchen Decor, Inc

Ladies:

When I received the package telling me my corporation was dissolved, I called your office and explained that this was the first notice I had received. I did not receive the renewal package that was mailed earlier.

Per the instructions from your office, I am enclosing the Application for Reinstatement and my check for \$150.00 renewal fee.

It is my understanding that upon receipt of this package, my corporation will be reinstated and will have an active and current status.

Thank you in advance for your cooperation in this matter and if you have any questions, please call me at 1-941-504-0194.

Sincerely,



Gary Harrell, President
Kitchen Decor, Inc
4955 Live Oak Drive
Sarasota, Florida 34232

Enclosures