


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1052

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

DOCUMENT # **V13967**

01 OCT 22 PM 6:05

1. Corporation Name
KANE'S GOURMET DELI, INC.

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
 8032 W. MCNAB ROAD 8032 W. MCNAB ROAD
 N. LAUDERDALE FL 33068 N. LAUDERDALE FL 33068
 US US



2001 UBR

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02/14/1992	
City & State		City & State		5. FEI Number	
Zip		Zip		65-0312141	
Country		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	KANE, MICHAEL J	140 TORCHWOOD AVENUE	PLANTATION FL 33324
S	KANE, MARSHA B	140 TORCH WOOD AVE	PLANTATION FL
			400004686254--2 11/16/01 01105 028 ****150.00 ****150.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
KANE, MICHAEL J 140 TORCHWOOD AVENUE PLANTATION FL 33324		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL	

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.

Signature of Registered Agent Michael Kane **SIGNATURE REQUIRED** Date Oct 18, 2001
 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: Michael Kane **SIGNATURE REQUIRED** Date 10-18-01 Daytime Phone # 954 3708474
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/01)

2072

Oct 18, 2001

To Whom It May Concern

After receiving the Fla Dept of State this week for the 1st time this year I made a phone to get all the correct information - how to do this. I spoke to Stacy & she told me to write a letter enclosed a check for \$150⁰⁰

Thank you
Mark Skane