

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # V13967

1. Corporation Name

KANE'S GOURMET DELI, INC.

01 OCT 22 PM 6:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

8032 W. MCNAB ROAD
N. LAUDERDALE FL 33068
US

Mailing Address

8032 W. MCNAB ROAD
N. LAUDERDALE FL 33068
US

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

02/14/1992

5. FEI Number

65-0312141

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
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

KANE, MICHAEL J
140 TORCHWOOD AVENUE
PLANTATION FL 33324

9. Name and Address of New Registered Agent

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
REGISTERED AGENT MUST SIGN

Date Oct 18, 2001

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10-18-01 Daytime Phone # 954 3708474

2082
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
maude B Kane