

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 JAN 10 PM 4:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 370582

1. Corporation Name

JERRY'S CATERERS, INC.

700009947837  
01/08/03--01026--013 \*\*750.00

**REINSTATEMENT 2002**

2. Principal Office Address  
1500 Florida Mango Road

3. Mailing Office Address  
1500 Florida Mango Road

Suite, Apt. #, etc.  
P.O. Box 24618

Suite, Apt. #, etc.  
P.O. Box 24618

City & State  
W. Palm Beach, FL

City & State  
W. Palm Beach, FL

Zip Country  
33416-1618 USA

Zip Country  
33416-1618 USA

4. Date Incorporated or Qualified  
To Do Business in Florida 10-1-1970

5. FEI Number 59-1195203

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name  
CORPORATION COMPANY OF MIAMI

Street Address (P.O. Box Number is Not Acceptable)  
201 S. Biscayne Blvd.

Suite, Apt. #, Etc.  
Suite 1500 (AGS)

City  
Miami

State Zip Code  
FL 33131

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 12-23-02

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P,D	PENDERGAST, GERALD J. JR.	1500 Florida Mango Road P.O. Box 24618	West Palm Beach, FL 33416-1618
D	PENDERGAST, LAURA	1500 Florida Mango Road P.O. Box 24618	West Palm Beach, FL 33416-1618
S,T,D	RHODES, KAREN P.	1500 Florida Mango Road P.O. Box 24618	West Palm Beach, FL 33416-1618
V	PENDERGAST, PAULA	1500 Florida Mango Road P.O. Box 24618	West Palm Beach, FL 33416-1618

10. 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

12-31-02

Date

561-689-9611

Daytime Phone #

CR2E081 (9/01)