

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY 12 AM 8:25

DOCUMENT # J09452

1. Corporation Name

TUBBY'S MOBILE CATERING, INC.

Principal Place of Business

Mailing Address

1818 NE WALDO RD
GAINESVILLE FL 32609
US

1818 NE WALDO RD
GAINESVILLE FL 32609
US



REINSTATEMENT 02-03

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

04/15/1986

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2687082

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	PHILLIPS, DAVID	1818 NE WALDO RD	GAINESVILLE FL 32609
V	STRINGER, LEE	814 NW 34TH AVE	GAINESVILLE FL 32609
S	NICELY, SHIRLEY L	517 KINGS CT	GAINESVILLE FL 32608

900016130919
04/17/03--01008--016 **750.00
900016130919
05/12/03--01011--006 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PHILLIPS, DAVID
1818 N.E. WALDO RD
GAINESVILLE FL 32609

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

4/12

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-03

Date

Daytime Phone #

5/20
at

CR2E040 (9/02)