

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **N40096**

1. Corporation Name

ACF WEST CENTRAL FLORIDA PROFESSIONAL CHEF'S & CULINARIANS, INC.

Principal Place of Business

Mailing Address

4115 HENDERSON BLVD.

4115 HENDERSON BLVD.

A

A

TAMPA FL 33629

TAMPA FL 33629

US

US

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

09/07/1990

SP

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3053386

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	MICKIEWICZ, RAY	4115 A HENDERSON BLVD.	TAMPA FL 33629
VPD	ECKHARDT, JAMES	10115 CEDAR DUNE DR	TAMPA FL 33624
D	MICKIEWICZ, JOAN	4115 A HENDERSON BLVD	TAMPA FL 33629
D	LOVELL, RUTH	4416 NEPTUNE ST 4416 NEPTUNE ST	TAMPA, FL - 33629
			800003440968--2 -10/26/00--01088--014 ***236.25 ***236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MICKIEWICZ, RAY
4115 A HENDERSON BLVD.
A
TAMPA FL 33629

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.

Signature of Registered Agent

SIGNATURE REQUIRED

Date 10/15/2000

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

10/15/2000 813-837-4420
Date Daytime Phone #



REINSTATEMENT 2000

FILED

00 OCT 16 PM 12:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E040 (8/00)