

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **P00000045565**

1. Corporation Name

**A C MAG'S CATERING CO.**

Principal Place of Business

Mailing Address

22189 CALDERA AVENUE  
BOCA RATON FL 33428

22189 CALDERA AVENUE  
BOCA RATON FL 33428

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

22189 Caldera Ave  
Boca Raton, FL  
Suite, Apt. #, etc.  
City & State

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.  
same  
City & State

Zip 33428 Country

Zip Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**05/08/2000**

5. FEI Number

**65-1007458**

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
D	MAGIELNICKI, APRIL	22189 CALDERA AVENUE	BOCA RATON FL 33428

8. Name and Address of Current Registered Agent

MAGIELNICKI, APRIL  
22189 CALDERA AVENUE  
BOCA RATON FL 33428

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

**500005257235-6**

**04/12/02-01048-026**

**\*\*\*308.75 \*\*\*308.75**

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

*April Magielnicki*

REGISTERED AGENT MUST SIGN

Date

**2-2-02**

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:

*April Magielnicki*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2-2-02** **561-883-8506**

**FILED**

**02 FEB 27 PM 4:49**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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CR2E040 (8/01)

2-2-02  
Zel Z

To Whom it may concern,

I had never recieved a bill or  
~~any~~ notice to pay a fee. It was  
our first year in business so I

was not aware any was ~~do~~ due.

I called the number for your department  
they had told me to mail a check for  
\$300.00. And write a letter. If you  
need any further information please  
call me.

Thankyou,  
April Magielnicki  
A C Mag's Catering Co.  
561. 883. 8506