

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC 31 AM 8:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
700009243927
12/31/02--01057--001 **\$50.00



DOCUMENT # P00000085289

1. Corporation Name

IN GOOD TASTE CATERING, INC.

Principal Place of Business

PO BOX 914
BOCA RATON FL 33429

Mailing Address

PO BOX 914
BOCA RATON FL 33429

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.
126 NE 2nd St

City & State
Boca Raton, FL

Zip
33436

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/05/2000

5. FEI Number

65-10447-11

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 | MANOCCHIO, STACEY W | 1134 RIALTO DR | BOYNTON BEACH FL 33436 |
| VP | MEIER, MILENA M | 5663 D FOX HOLLOW DR | BOCA RATON FL 33486 |
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| | | | |
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700009243927
11/27/02--01083--018 **\$150.00

8. Name and Address of Current Registered Agent

DEAN, HENRY
251 NE DIXIE BLVD
DELRAY BEACH FL 33444

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 12/21/02

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:

SIGNATURE REQUIRED
Stacey Manocchio
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stacey Manocchio

Date

Daytime Phone #

12-21-02

(561) 368-0092

CR2E040 (8/02)