

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 MAR -7 PM 1:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Corporation Name

Tastebuds Catering Inc,

PO1000012122

2. Principal Office Address

2551 Meadow Oaks Loop

Suite, Apt. #, etc.

3. Mailing Office Address

2551 Meadow Oaks Loop

Suite, Apt. #, etc.

City & State

Clermont, Florida

City & State

Clermont, Florida

Zip

34711

Country

Lake

Zip

34711

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

Jan 31, 2001

5. FEI Number

59-3718764

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

Harvey Rosenberg

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

2551 Meadow Oaks Loop

Suite, Apt. #, Etc.

City

Clermont

State  
FL

Zip Code  
34711

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

*Harvey Rosenberg*

REGISTERED AGENT MUST SIGN

Date 03-03-03

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
Pres.	Harvey Rosenberg	2551 Meadow Oaks Loop	Clermont, Florida 34711

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

*Harvey Rosenberg*

Date

03/03/03

Daytime Phone #

407-397-0020

js 3/7

CR2E081 (10/02)

**Tastebuds Catering Inc.,**

2551 Meadow Oaks Loop  
Clermont, Florida 34711

March 3, 2003

P.O. Box 6327  
Tallahassee, Florida 32314

Dear Sir or Madam:

Please find this letter as a statement for concern, it has been 2 years since I have set up my corporation and I have not received any mailings or notifications from your office. I was recently informed by the Division of Alcohol Beverage and Tobacco that my corporation has been dissolved. I had then called your office and spoke with Eula Peterson. She had notified me that the filings have not been done for the years 2002 and 2003. I was instructed to send the reinstatement forms with a check for the filing fees for the two years. However, I do not feel it is right to be charged the \$600.00 penalty since I have never received any mailings or notifications from your office. Enclosed is my check for the 2 years equaling \$300.00. I would appreciate your consideration in waving the penalties and reinstating my corporation. I think it is obvious that while keeping my business running in the past two years under this corporate name, that it was never intended to allow it to be dissolved. If only I was aware of the forms and fees this would not have happened. If for any reason there is a concern on your part, please feel free to contact me via telephone at 407-397-0020.

Sincerely,



Harvey Rosenberg  
President, Tastebuds Catering Inc.