

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000022512

1. Entity Name
CREATIVE DINING & CATERING SERVICES, INC.



FILED

05 FEB 18 PM 12:08

Principal Place of Business
15770 CYPRESS CHASE LN
WELLINGTON, FL 33414

Mailing Address
900 WEST SHORE RD
PORT WASHINGTON, NY 11050

2. Principal Place of Business

N.P.D. Group
Suite, Apt. #, etc.

900 West Shore Rd.

City & State
Port Washington, NY

Zip
11050

Country
Massachusetts

3. Mailing Address

Mr. Mario J. DeStefano
Suite, Apt. #, etc.

15770 Cypress Chase Ln

City & State
Wellington, FL

Zip
33414

Country
W.P.B.



REINSTATEMENT 04-05

4. FEI Number
65-1103847

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TASINI, OREN
11780 US HWY ONE, SUITE 300
N-PALM BEACH, FL 33408

7. Name and Address of New Registered Agent

Mr. Mario J. DeStefano
Street Address (P.O. Box Number is Not Acceptable)
15770 Cypress Chase Ln

City
Wellington

FL

Zip Code
33414

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Mario J. DeStefano*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/30/05

FILE NOW!!! FEE IS \$750.00
After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DESTEFANO, MARIO
15770 CYPRESS CHASE LANE
WELLINGTON, FL 33414

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
OESTEFANO, LISA
15770 CYPRESS CHASE LANE
WELLINGTON, FL 33414

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DESTEFANO
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
30004379 0043
01/03/05--01020--023 **158.75
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
900047592069
03/02/05--01056--019 **141.25
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other information.

SIGNATURE: *Mario J. DeStefano*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/31/04
Date

Daytime Phone #

282

Creative Dining & Catering Services, Inc.

15770 Cypress Chase Lane

Wellington, FL 33414

Phone 561-351-8176

Fax 561-792-0224

February 18, 2005

Florida Dept Of Sate

Division of Corporations

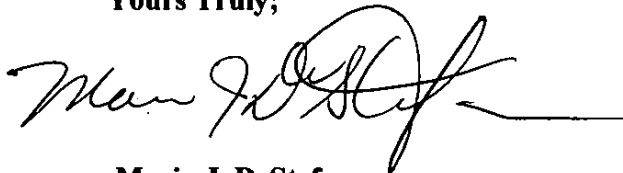
Attn: Ms. Kathy Ashton

Document Specialist

Dear Ms. Ashton,

As per our conversation on 2/18/05 , I'm writing to inform you that neither my New York, nor Florida office received an initial post card so that we could file on time. The NPD group is a corporate account of ours, but all we do is manage their cafeteria. I would truly appreciate if you could reinstate us as well as not charging all the late or penalty fees. I'm sending back the check and revised application. Thank you for all your patience and I'm sure this won't happen again.

Yours Truly;



Mario J. DeStefano