

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY 25 PM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000078819

1. Corporation Name

EATZ CAFE AND CATERING INC.
400 SOUTH MONROE
TALLAHASSEE, FL 32321

2. Principal Office Address

400 South Monroe

Suite, Apt. #, etc.

City & State

TALLAHASSEE FL.

Zip

32312

Country

3. Mailing Office Address

6351 Sinkola DR.

Suite, Apt. #, etc.

City & State

TALLAHASSEE FL

Zip

32312

Country

FL

000037791390
06/09/04--01019--018 **308.75

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

59-3745805

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

JESSE A. JAMES

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

6351 Sinkola DR.

Suite, Apt. #, Etc.

TALLAHASSEE

City

State

FL

Zip Code

32312

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

Jesse A. James

REGISTERED AGENT MUST SIGN

Date

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
P	JESSE A JAMES	6351 Sinkola DR.	Tallahassee 32312
VP	VALERIE A. JAMES	6351 Sinkola DR.	Tallahassee 32312

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

5-25-04 671-3300

Date

Daytime Phone #

CR2E081 (01/04)

5-25-04

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To whom It may Concern

I believe I have did Not Receive my
2003 First and Second Notice for
my Corporation Renewal

Thank you

Ulecia J. J.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA