

FOR PROKIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # P01000105474

1. Entity Name

Chef Papa, Inc.
d/b/a/ Papas Catering & Food to Go

FEB -5 PM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

200011878872
02/05/03--01040--004 **300.00

2. Principal Place of Business
122 East Orange Ave.

3. Mailing Address
1550 Franklin Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Daytona Beach, FL

City & State
Holly Hill, FL 32117

4. FEI Number
59-3748957

Applied For
Not Applicable

Zip Country
32114 Volusia

Zip Country
32117 Volusia

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

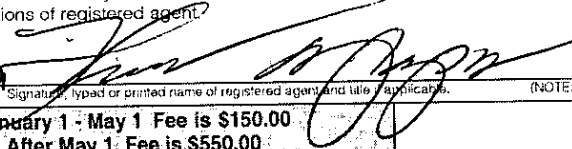
7. Name and Address of Current Registered Agent

Name
Thomas A. Papa

Street Address (P.O. Box Number is Not Acceptable)
1550 Franklin Circle

City Holly Hill FL Zip 32117

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

(NOTE: Registered Agent signature required when reinstating)

DATE

* 1/31/03

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres/Tres Thomas A. Papa 1550 Franklin Cir. Holly Hill, FL 32117	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Pres/Sec. Callie, Papa 1550 Franklin Circle Holly Hill, FL 32117	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(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 on an attachment with an address, with all other like empowered.

SIGNATURE: 

Thomas A. Papa

(386) 253-5080

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

***Chef Papa, Inc
d/b/a Papas Catering & Food to Go
1550 Franklin Circle
Holly Hill, FL 32117-2058
Phone (386) 253-5080***

January 30, 2003

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, Florida 32314

Dear Sir/Madam,

It has come to my attention that Chef Papa, Inc. has become administratively dissolved, and inactive, effective October 04, 2002. Enclosed is the completed application for corporate reinstatement along with the fee of \$300 for 2002 & 2003 tax years.

I respectfully request the Department of State waive penalties for reinstatement. Chef Papa, Inc. did not receive any correspondence from the Division of Corporations or I would have acted in a timely manner. I believe correspondence may have been sent by the Division however the Company setting up operation in January, 2002 to the address of record was apparently lost and was not received by me.

Should you need additional information, please contact me at the number listed above.

Sincerely,

Thomas A. Papa
President

Enclosure