

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P01000112569

1. Corporation Name

FLORIDA CATERERS, INC.

Principal Place of Business

109 COMMERCE BLVD.  
OLDSMAR FL 34677

Mailing Address

109 COMMERCE BLVD.  
OLDSMAR FL 34677

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

11/26/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

YS 30-0009926

Not Applicable

Zip

Country

Zip

Country

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
D	VATH, JOHN L JR	109 COMMERCE BLVD.	OLDSMAR FL 34677

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

VATH, JOHN L JR  
109 COMMERCE BLVD.  
OLDSMAR FL 34677

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

12/30/02

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/30/02

Daytime Phone #

109 Commerce Blvd.  
Oldsmar, FL 34677

# Florida Caterer's, Inc.

December 31, 2002

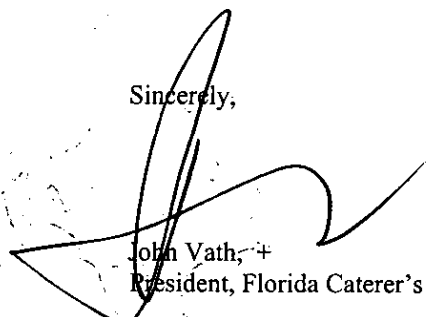
Division of Corporation

P.O. Box 6327  
Tallahassee, FL 32314

Dear Sir or Madam:

Please reinstate Florida Caterer's, Inc. , 109 Commerce Blvd. Tampa, FL 34677, to an active status. The company did not receive any prior Uniform Business Report notice's, therefore, we request the reinstatement fee be waived and have enclosed a check for \$150.00.

Sincerely,



John Vath, +  
President, Florida Caterer's Inc.

\$150<sup>00</sup> 1/4#13697  
~~1/4#13697~~