

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN -2 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000112978

1. Corporation Name

TAMPA BAY CATERING, 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

PL 30-0009919

Applied For

Not Applicable

City & State

City & State

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	GIANSIRACUSA, PAUL S	109 COMMERCE BLVD	OLDSMAR FL 34677

900008792049
01/02/03--01079--005 **150.00

8. Name and Address of Current Registered Agent

GIANSIRACUSA, PAUL S
109 COMMERCE BLVD
OLDSMAR FL 34677

9. Name and Address of New Registered Agent

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

Daytime Phone #

143402 813-263-7247

109 Commerce Blvd.
Oldsmar, FL 34677

Tampa Bay Catering, Inc.

December 31, 2002

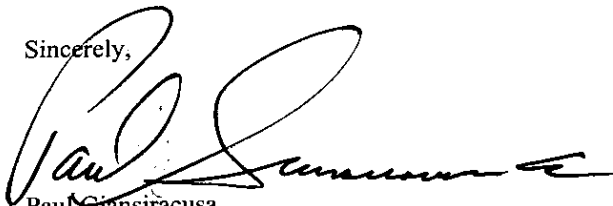
Division of Corporation

P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

Please reinstate Tampa Bay Catering, 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,

A handwritten signature in black ink, appearing to read 'Paul Giansiracusa', with a large, stylized initial 'P'.

Paul Giansiracusa,
President, Tampa Bay Catering Inc.