

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 OCT 29 PM 2:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000117454

1. Corporation Name

ART OF THE FEAST, INC.

Principal Place of Business

6117 S RUSSELL STREET
TAMPA FL 33611

Mailing Address

6117 S RUSSELL STREET
TAMPA FL 33611

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/12/2001

5. FEI Number

90-0015027

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
Dir.	ELISA L. GALLAWAY	6117 S. Russell St.	Tampa, FL 33611
D	Delores Evers	2821 Fairway View Dr.	Valrico, FL 33594-5211

000008681660
10/29/02 01154 008 **150.00

8. Name and Address of Current Registered Agent

JEFFRIES, DAVID M
BANK OF AMERICA PLAZA
STE 1030 101 EAST KENNEDY BLVD
TAMPA FL 33602

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

10/28/02

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
ELISA L. GALLAWAY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/25/02

Daytime Phone #

(813) 839-1924

CR2E040 (8/02)

Art of the Feast, Inc.
6117 S. Russell St.
Tampa, FL 33611

Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32399

To Whom It May Concern,

I am an officer for the corporation, Art of the Feast, Inc. I recently received a notice from the Florida Department of State, stating that they have administratively dissolved the above mentioned corporation, due to failure to submit a business report.

I did not receive any notice of failure to comply with this law. This is a new business, and I do not have a background in business. I am respectfully requesting, that the penalty be waived. I am enclosing the UBR filing fee along with this letter, to resolve this matter.

Thank you,

A handwritten signature in cursive script that reads "Elisa Gallaway".

Elisa Gallaway