

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *1. I have not received my documents*

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000047966

1. Corporation Name

MENUS PLUS, INC.

Principal Place of Business

Mailing Address

~~1441 HWY 27~~
~~CLERMONT FL 34711~~

~~1441 HWY 27~~
~~CLERMONT FL 34711~~

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

2. New Principal Office Address, If Applicable

193 SINGAPORE ISLAND RD

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State
LEESBURG, FL

Zip Country

34788

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/23/2002

5. FEI Number

02-0591822

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	ORRIG, ELWOOD M	P.O. BOX 120168	CLERMONT FL 34712
D	KLINE, VAN W.	193 SINGAPORE ISLAND RD.	LEESBURG, FL 34788

200024253692
10/29/03--01053--027 **150.00

8. Name and Address of Current Registered Agent

~~ORRIG, ELWOOD M~~ KLINE, VAN W.
~~700 ALMOND ST~~ 193 SINGAPORE ISLAND RD.
~~CLERMONT FL 34711~~ LEESBURG, FL 34788

9. Name and Address of New Registered Agent

Name

KLINE, VAN W.

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

193 SINGAPORE ISLAND RD.

Suite, Apt. #, Etc.

City

LEESBURG, FL

State

FL

Zip Code

34788

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

Van W. Kline
REGISTERED AGENT MUST SIGN

Date 10/23/03

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:

Van W. Kline
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/03
Date

352-636-9378
Daytime Phone #

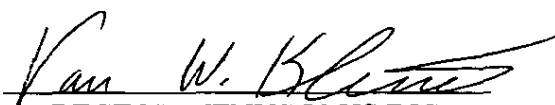
CR2040 (7/03)

TO WHOM IT MAY CONCERN:

I did not receive uniform business report.

Change of address: Our address now is 193 Singapore Island Road, Leesburg, Fl. 34788.

THANK YOU.


DIRECTOR MENUS PLUS INC.