

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 OCT 16 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000080657**

1. Corporation Name

DECADENCE A LA CARTE, INC.

Principal Place of Business

Mailing Address

1731 NE 50TH AVENUE
OCALA FL 34470

1731 NE 50TH AVENUE
OCALA FL 34470

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

07/24/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

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
PD	WATERS-DINGES, CINDY J	1731 NE 50TH AVENUE	OCALA FL 34470

600023862296
10/16/03--01084--008 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WATERS-DINGES, CINDY J
1731 NE 50TH AVENUE
OCALA FL 34470

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

Cindy Waters-Dinges
REGISTERED AGENT MUST SIGN

Date 10-13-03

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:

Cindy Waters-Dinges
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-13-03

Date

352-207-8189

Daytime Phone #

CR2E040 (7/03)

October 13, 2003

To whom it may concern:

I, Cindy Dinges, have never received any information concerning the fees for reinstatement. The letter that I received on October 8, was the first. I started my corporation in July of last year. Prior to this letter I had no knowledge of a corporation fee each year. Please except payment of \$150.00 to reinstate my corporation.

Thank you,

Cindy Dinges