PLEASE READ A	ALL INSTRUCTIONS I	BEFORE C	OMPLETING THIS FORM.	^
APPLICATION FOROLO FOROLO REINSTATEMENT	FLORIDA DEPARTMEN Sandra B. Mort Secretary of St DIVISION OF CORPORA	T, OF STATE ham ate	AND FILED	())
00-21	00021336		1797 JUL 31 AM 9: 23	
		_	SECRETARY OF STATE TALLAHASSEE, FLORIDA	
MY PERSONAL	CHET, INC	C •		
Principal Place of Business	Mailing Address		30000225649 -08/04/9701103 ****365.00 ***	13 1 3006 **365.00
If above addresses are incorrect in any way, line thro	ugh incorrect information and enter c	orrection below.	Date Incorporated or Qualified	
430 Commodore DR. 430 Commodore DR.			To Do Business in Florida 01.01.9	3
Suite, Apt. #, etc. #106 B	#106B		5. FEI Number	Applied For Not Applicable
Plantation, FL.	Plantation F	L.		nal Fee required
33325 U.S.A.	33325 10.	<u>S.A.</u>		icate of Status
7. Names and Street Addresses of Each Officer and/o Name of Officers	Stre	et Address of Eacl cer and/or Directo	h	
Title(s) and/or Directors 2	3 (Do NOT Us	e Post Office Box I	Numbers) 4	22086
PTD KAPLAN, MEG	2.	X 690°	138 NA Pembroke Pines,	FL 33007
			,	
		******)
				:107
			1)	<i>Σ</i> ¹¹
8. Name and Address of Current F	Registered Agent	Name 1	9. Name and Address of New Registered Agent	
Sireet Address (P.O. Box Number is Not Acceptable)				
Name KAPLAN, MEG R. Street Address (P.O. Box Number is Not Acceptable) 430 Commodore DRIVE Suite, Apt. #, Etc.				
F		#106B	State Zip Co	de
10. It, being appointed the registered agent of the abo	an annual corporation am familiar uni	Planta	tion FL 33	
Signature of Registered Agent	GISTERED AGENT MUST SIGN		Date 28 JV/4 19	7
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No No No No No Intengible tax.)				
12. 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 filling 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: Mark Land Type or PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 28) 1/3 97 954.452-3692				





July 28, 1997

DAVE MANN, DIRECTOR
Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

*PERSONAL & CONFIDENTIAL

Re: My Personal Chef, Inc.

FEI#: 65-0381990

Dear Mr. Mann:

As per our telephone conversation back on 4-14-97, I am writing to you for assistance in the reinstatement of my above named company.

In our conversation I told you that I had <u>not</u> been properly noticed prior to being resolved. You told me that I could address my application to you, and that you would assist in the reinstatement.

Please find attached a money order (#02232218903/Western Union-7 Eleven), for the amount of \$365.00. This is to cover the \$200.00 fee, as well as the \$165.00 fee for the report. This is the amount that you advised must be paid.

I am also attaching a <u>red</u> Application for Reinstatement form that I have filled out by hand. At the time, you said that this form was sufficient.

Please notify me as soon as possible if I have failed to include anything for this application, or if I have made any mistakes. I believe the deadline that I must meet is 8-23-97.

Thank you very much for your assistance now, and during our conversation. I know you are very busy, and I greatly appreciate your attention to this matter.

Sincerely

Meg Kaplan

Chef

#954-452-3692

attachments