

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 DEC 31 PM 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000071834

1. Corporation Name

ERIC'S UPTOWN CATERING, INC.

Principal Place of Business

Mailing Address

110 N. FRANKLIN STREET
TAMPA FL 33602

110 N. FRANKLIN STREET
TAMPA FL 33602

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

2. New Principal Office Address, if Applicable

4009 LEONA STREET
Suite, Apt. #, etc.

3. New Mailing Office Address, if Applicable

201 N FRANKLIN STREET
Suite, Apt. #, etc.

City & State

TAMPA, FL 33629

City & State

TAMPA, FL 33602

Zip

Country

US

Zip

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

10/06/1993

5. FEI Number

59-3210768

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PSTD	WEINSTEIN, ERIC	110 N. FRANKLIN STREET	TAMPA FL 33602
		4009 LEONA STREET	TAMPA, FL 33629

3000002735783-6
-01/11/99-01005-013
****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MOHIP, AMINE
201 N FRANKLIN ST
SUITE 2600
TAMPA FL 33602

Name

DAVID B WEINSTEIN

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

201 N FRANKLIN ST.

Suite, Apt. #, Etc.

SUITE 2600

City

TAMPA

State

FL

Zip Code

33602

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.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 12/29/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible 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 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 #

CR2ED40 (8/88)