

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 SEP 10 AM 8:00

DOCUMENT # P 94000061468

1. Corporation Name

ONLY FOR YOU CATERERS

REINSTATEMENT 03-04

900040964439  
09/10/04--01048--007 \*\*300.00

2. Principal Office Address

8695 TIERRA LAGO COVE

Suite, Apt. #, etc.

3. Mailing Office Address

8695 TIERRA LAGO COVE

Suite, Apt. #, etc.

City & State

LAKE WORTH, FLA.

City & State

LAKE WORTH, FLA.

Zip

33467

Country

USA

Zip

33467

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

8/16/94

5. FEI Number

650510650

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ANTHONY MOLLIKA

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

8695 TIERRA LAGO COVE

Suite, Apt. #, Etc.

City

LAKE WORTH

State

FL

Zip Code

33467

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Anthony Mollika

Date

9/1/04

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	ANTHONY MOLLIKA	8695 TIERRA LAGO COVE	LAKE WORTH, FLA. 33467
S/D	JEFF BLOOM	11254 MARINA BAY ROAD	WELLINGTON, FLA. 33467

10. 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:

Anthony Mollika

ANTHONY MOLLIKA

9/1/04

(561) 434-1479

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)