PLEASE READ	ALL INST	TRUCT.	SPFF	COMPLET	ING THIS FORI	<b>V</b> I.	(i)	
APPLICATION FOR	FLORID						U	
CONTRACT OF	) D	Secretary IVISION OF COR	State RPORATIONS		FILED			
DOCUMENT# <b>P9400075028</b>				07 JAN -7 PM 3: 06				
Corporation Name			ELMETARY OF STATE TALLAHASSEE, FLORIDA					
RITA CATERING, INC.					I ALLAHASSEE, FL	ORIDA		
Principal Place of Business	ess	<u> </u>	- -	-				
2165 DUMAS STREET 2165 DUMAS : MERRITT ISLA US							~-	
If above addresses are incorrect in any way, line through Incorrect information and enter c  2. New Principal Office Address, If Applicable  3. New Mailing Office Address, If Applicable				4 Data Incom	avistad av Ovalifiad		<del></del> -	
Suite, Apt. # etc.			s, ii Applicable		porated or Qualified ness in Florida	10/12/1994		
1637 North Go Cocog Blvd	City & State		<u> </u>	5. FE! Number Applied For S9-3307312 Not Applied be				
Zip Country Country	Zip	Cor	untry	6. CERTIFICATI		8.75 Additional Fe	e required	
7. Names and Street Addresses of Each Officer and/o	porations must list at lea	st 3 directors)						
Name of Officers			Street Address of Each Officer and/or Director Use Post Office Box Nu	City / State / Zip				
PARIKH, RITA S 2165			STREET		MERRITT ISLAND FL			
M SHAILENDRA, PARICH PARIKH 2		2165 DUMAS	STREET		MERRITT ISLAND FL			
				10002743331 6 -01/15/9901019020 ****150.00 ****150.00				
							#	
8. Name and Address of Current Registered Agent Name				9. Name and Address of New Registered Agent				
EN INICC INIC				eet Address (P.O. Box Number is Not Acceptable)				
3732 N.W. 16TH ST. FT. LAUDERDALE FL 33311			Suite, Apt. #, Etc.	Suite, Apt. #, Etc.				
	City							
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 Lhaden Rec	JR/	ENT MUST SIGN	HRED		Date 12/2:	7/98		
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No No 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: That I SEPTIME Phone # 12/27/98 SIGNATURE AND TYPED OR PRINTED NAME OF MIGNING OFFICER OR DIRECTOR Date Daytime Phone #								

Rita Catering Inc
2168 Dumas Street 1637 N. Cocoa Rlvd
Merritt Island, Florida 32952 Cocoa, FL. 32922

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, Florida 32314

November 27, 1998

This letter is to inform you of my situation regarding the Annual report for Rita Catering Inc. It has come to my attention that my corporation has been dissolved as of October 16, 1998 for failure to submit an Annual Report. This oversight was not intentional but due to my unique situation. My son, Shefal Parikh suffered a major stroke on December 12, 1998 and had to be admitted to Shands Hospital in Gainesville, Florida. Shortly afterwards, he needed brain surgery to correct other complications. Afterwards, he needed several months of rehabilitative medicine. During this time I had overlooked the Annual Report. I had spoken to one of the associates in the Department of State, and he informed me that I would not be penalized as long as proof was submitted. I have enclosed a copy of hospital bills and other pertinent information. Thank you for understanding.

Thank You,

Rita Parikh, President