

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

08 MAY -8 PM 4:53

DOCUMENT # P95000057632

1. Corporation Name

ANTHONY'S CATERING, INC.

900128802189
05/08/08--01010--033 **1050.00

REINSTATEMENT 06-08

2. Principal Office Address - No P.O. Box #

670 KINGSLEY AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

670 KINGSLEY AVENUE

Suite, Apt. #, etc.

City & State

ORANGE PARK, FLORIDA

City & State

ORANGE PARK, FLORIDA

Zip

32073

Country

CLAY

Zip

32073

Country

CLAY

4. Date Incorporated or Qualified
To Do Business in Florida 6/24/96

5. FEI Number
59-3330730

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

SHAWN STODDARD

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

670 KINGSLEY AVENUE

Suite, Apt. #, Etc.

City

ORANGE PARK

State

FL

Zip Code

32073

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Shawn Stoddard
REGISTERED AGENT MUST SIGN

Date 5/6/08

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	MARK STODDARD	2626 TRAMORE PLACE	ORANGE PARK, FL 32073
VP/D	SHAWN STODDARD	265 FOXRIDGE	ORANGE PARK, FL 32065

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 contained in Chapter 119, 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:

Shawn Stoddard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/6/08

Date

904-264-1473

Daytime Phone #

5/12/08