

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000096729

1. Corporation Name

CAIN'S CUSTOM CATERING, INC.

Principal Place of Business

Mailing Address

8970 103RD ST
SUITE #10
JACKSONVILLE FL 32210

8970 103RD ST
SUITE #10
JACKSONVILLE FL 32210

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

32224

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REINSTATEMENT

4. Date Incorporated or Qualified To Do Business In Florida

12/12/1995

5. FEI Number

59-3359011

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	CAIN, DAVID B	8116 AXSON ST	JACKSONVILLE FL 32221
D	CAIN, VANESSA G	8116 AXSON ST	JACKSONVILLE FL 32221

600003069576-5

-12/14/99--01074--024

***750.00 ***750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MAXWELL, RONALD W
4811 ATLANTIC BLVD
SUITE #4
JACKSONVILLE FL 32207-2129

Name
R J Huisinga
Street Address (P.O. Box Number is Not Acceptable)
541 Permento Ave
Suite, Apt. #, Etc.

City Jacksonville State FL Zip Code 32220

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]

Date 11/11/99

REGISTERED AGENT MUST SIGN

11. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KE