

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P96000050372

1. Corporation Name

CATER II, INC.

Principal Place of Business

6998 NW HWY 27  
OCALA FL 34482  
US

Mailing Address

13400 NW HWY 225A  
REDDICK FL 32686  
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06/11/1996

5. FEI Number

59-3398326

Applied For

Not Applicable

6.   
CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status



900004700119--4

-11/30/01--01039--024

\*\*\*\*200.00 \*\*\*\*200.00

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	4 City / State / Zip
PSTD	ROSE, HUGH J	13400 NW HWY 225-A	REDDICK FL 32686
			900004700119--4 -11/30/01--01039--022 *****8.75 *****8.75
			900004700119--4 -11/30/01--01039--023 *****550.00 *****550.00

REINSTATEMENT 01/18

8. Name and Address of Current Registered Agent

ROSE, HUGH J  
13400 NW HWY 225-A  
REDDICK FL 32686

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

CATER II INC

REGISTERED AGENT MUST SIGN

Date 10-12-01

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:

CATER II INC  
  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-12-01

Date

Daytime Phone #

352-591-4800

CR2E040 (8/01)