

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
97/98 Sandra B. Mortham
Secretary of State
A/12 DIVISION OF CORPORATIONS

DOCUMENT # 996000066180

1. Corporation Name

A Beany Good Caterer INC.

Principal Place of Business

EATZ Cafe

Mailing Address

4055 E. Planted way
TALLAHASSEE FL 32311

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

2. New Principal Office Address, If Applicable

4055 E. Planted way

Suite, Apt. #, etc.

City & State

TALLAHASSEE

Zip

32311

Country

3. New Mailing Office Address, If Applicable

1555 Delaney DR.

Suite, Apt. #, etc.

City & State

TALLAHASSEE

Zip

32308

Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

65-0722539

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	JESSE A. JAMES	1555 Delaney DR #1402	TALLAHASSEE 32308
D	VALERIE KATHLEEN JAMES	SAVING	300002513613--3
			-05/06/98--01090--002
			***315.00 ***315.00
			LC 4.30-98

8. Name and Address of Current Registered Agent

JESSE JAMES
1555 Delaney DR. #1402
TALLAHASSEE FL 32308

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

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (1/98)

4-7-98 (2)

To whom it May Concern;

On December 1996 we
relocated to Tallahassee from
West Palm Beach. During this
time we did not receive any
notification in regards to
our corporation.

Thank you
Valerie Katoch Jones
Jae O'Connell