

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # P96000096236

1. Corporation Name

SEASON'S CAFE AND CATERING, INC.

Principal Place of Business

1903 F STATE RD 60 E
VALRICO FL 33594
US

Mailing Address

PO BOX 1614
VALRICO FL 33595
US

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

4. Date Incorporated or Qualified
To Do Business in Florida

01/01/1997

5. FEI Number

59-341-6369
59-3571338

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PTD	GOREN, BRUCE M William Sudul, William E.	2219 WHITNEY PL 1903 F. State Rd. 60 E.	VALRICO FL 33594
VSD	GOREN, MARCIA K Sudul, Pamela B.	2219 WHITNEY PL 1903 F. State Rd. 60 E.	VALRICO FL 33594
		Home Address is	
		419 Brandywine Dr.	
		Valrico FL 33594	
			200003455992--0 -11/07/00--01116--003 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GOREN, BRUCE 2219 WHITNEY PL VALRICO FL 33594	William Sudul 1903 F. State Rd 60 E. Valrico, FL 33594	Name William E. Sudul	Street Address (P.O. Box Number is Not Acceptable) 419 Brandywine Dr.	Suite, Apt. #, Etc.	City Valrico	State FL	Zip Code 33594
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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

William Sudul

REGISTERED AGENT MUST SIGN

Date

10-18-00

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:

William Sudul

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-18-00 (810)
684-3067



October 18, 2000

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, Florida 32314-6327

RE: Report/Reinstatement:

To Whom It May Concern:

Please consider this letter as a request to waive late and/or reinstatement fees for Seasons Catering, Inc. My husband and I used to be partners with Bruce and Marcia Goren. At the time the request for payment was sent to Seasons, we were not handling the accounting and/or business fees for Seasons, and therefore did not know that this had not been paid.

I received the Notice of Dissolution or Revocation on October 17, 2000 and immediately contacted my new accountant, who is handling this sort of thing presently. After going through the many months of statements, she informed me that this had not been paid, and my husband called your 850-487-6059 number. The person on the phone stated that I should write this letter, and the fees would probably be waived.

If you have any questions concerning this, please contact me at (813) 684-3067.

Sincerely,

SEASONS CATERING

Pamela Sudul
Pamela Sudul

Catering Manager/Owner

1903 F. State Road 60 E.
Valrico, Florida 33594

Phone: 813-684-3067

Fax: 813-643-0627