

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Kathleen Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 DEC 20 PM 3:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000012743

1. Corporation Name

Tomasso's Food Service + Concessions, Inc.

Principal Place of Business

C-Mac of America  
1601 Hill Ave.  
West Palm Beach FL

Mailing Address

7628 Trenton Dr.  
Lake Worth FL  
33467

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 &amp; State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

2/7/97

5. FEI Number

65-0725378

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

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
P, S, VP, T	Karen M. Tomasso	7628 Trenton Dr.	Lake Worth FL 33467
D	James M. Tomasso	7628 Trenton Dr.	Lake Worth FL 33467

900003082649--0  
-12/29/99--01025--003  
\*\*\*\*175.00 \*\*\*\*175.00

||LS

8. Name and Address of Current Registered Agent

James M. Tomasso  
7628 Trenton Dr.  
Lake Worth FL 33467

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

James M. Tomasso

REGISTERED AGENT MUST SIGN

Date

12/13/99

11. This corporation owes 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:

Karen M. Tomasso  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Karen M. Tomasso

12/13/99

Date

561.969.6945

Daytime Phone #