

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 MAY -1 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000102340

1. Corporation Name

THE BUDGET CATERING COMPANY

Principal Place of Business

Mailing Address

1401 WOODSTORK DR
BRANDON FL 33511
US

1401 WOODSTORK DR
BRANDON FL 33511
US



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

2. New Principal Office Address, If Applicable

9331 Adamo Drive
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

9331 Adamo Drive
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

01/01/1999

5. FEI Number

59-3545627

Applied For

Not Applicable

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33619 Hillsborough

Zip

33619 Hillsborough

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 3	City / State / Zip 4
PSTD	CARR, AMANDA N	1401 WOODSTORK DR	BRANDON FL 33511

100005664171--4
-06/03/02--01020--020
****900.00 ****900.00

8. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

Amanda N. Carr

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

9331 Adamo Drive

Suite, Apt. #, Etc.

Tampa

City

Tampa

State

FL

Zip Code

33619

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

Amanda N. Carr

REGISTERED AGENT MUST SIGN

Date

4/24/02

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:

Amanda N. Carr Amanda N. Carr 4/24/02 (813) 630-1447

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (8/01)