

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
DUPLICATE
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 22 AM 11:18

DOCUMENT # P99000002061

1. Corporation Name

A TASTE OF BRITAIN, INC.

Principal Place of Business

Mailing Address

2236 GULF GATE DR
SARASOTA FL 34231

2236 GULF GATE DR
SARASOTA FL 34231



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

4. Date Incorporated or Qualified
To Do Business in Florida

01/07/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0888583

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
D	CHERRY, SANDRA F	2930 WILLIAMSBURG ST	SARASOTA FL 34231
D	MILLER, CINDY	3891 HUNTINGTON POINTE	SARASOTA FL 34231
D	MULAK, HESTER P	41 HAGAN DR	POUGHKEEPSIE NY 12483
			100004671251--8 -11/07/01--01066--030 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CASWELL, CHRIS
100 WALLACE AVE, STE 380
SARASOTA FL 34237

Name
CASWELL, CHRIS
Street Address (P.O. Box Number is Not Acceptable)
2364 FRUITVILLE ROAD
Suite, Apt. #, Etc.
SARASOTA
City
State
FL
Zip Code
34237

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

Chris Caswell

REGISTERED AGENT MUST SIGN

Date

10/16/01

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:

Chris Caswell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/01

Date

941-927-2612

Daytime Phone #

CR2040 (8/01)

A TASTE OF BRITAIN
2236 Gulf Gate Drive
Sarasota, Florida, 34231
(941) 927-2612

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

October 16, 2001

To whom it may concern:

Re: Document #: P99000002061

We received the attached notification regarding dissolution of our corporation, as you had not received a 2001 Business corporation report. I telephoned an advisor at the 850-245-6059 number, and she informed me that we should have received a notification from your division earlier this year, in fact she stated we should have received 2 notices. We did not receive any notices, and do not wish to dissolve our corporation.

As we had not received said notices, it was suggested I write this letter with a \$150.00 processing fee to reinstate our corporation. The only change we have with addresses is that of our registered agent, which I have change on attached form.

Please contact me to advise me on any further information needed to reactivate our corporation.

Thank you,

Sandra F. Cherry, President, A Taste of Britain

Sandra F. Cherry