

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 NOV 17 PM 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000009970

1. Corporation Name

MADE TO ORDER CATERING SERVICE, INC.

Principal Place of Business

439 N.E. DELPHINICAN
MADISON FL 32340

Mailing Address

RT. 2. BOX 239 J
MADISON FL 32340



REINSTATEMENT 03

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

2. New Principal Office Address, If Applicable

~~439 N.E. Delphinium Dr.~~

3. New Mailing Office Address, If Applicable

~~439 N.E. Delphinium Dr.~~

4. Date Incorporated or Qualified To Do Business in Florida

01/28/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3561213

Applied For

Not Applicable

City & State

Madison Fla.

City & State

Madison FL

Zip

32340

Country

Madison

Zip

32340

Country

Madison

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
P	MATHENY, THOMAS F	RT 2 BOX 239J 5696 N.E. Colin Kelly Hwy.	MADISON FL 32340
S	WOOD, JUNE	PO BOX 102 439 N.E. Delphinium Dr.	MADISON FL 32341

400024763114
11/17/03--01097--024 **750.00

8. Name and Address of Current Registered Agent

MATHENY, THOMAS F
~~RT 2, BOX 239 J~~ 5696 N.E. Colin Kelly Hwy.
MADISON FL 32340

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. or 617.0505, F.S.

Signature of Registered Agent

Thomas F. Matheny, Sr.
REGISTERED AGENT MUST SIGN

Date 11/10/03

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: *Thomas F. Matheny, Sr.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Thomas F. Matheny, Sr.

11/10/03 850 973 2589
Date Daytime Phone #

CR2E040 (7/03)