

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 APR 30 PM 4:10

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DOCUMENT # **PA91000035083**

1. Corporation Name

SOUTHGATE CAFE of PASCO INC.

2. Principal Office Address

5205 US 19

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NEW PORT RICHEY FL.

City & State

Zip

Country

Zip

Country

34652

4. Date Incorporated or Qualified
To Do Business in Florida

4-16-99

5. FEI Number

59-3587279

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MARY JANE HASKELL

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

4010 STRATFIELD DR.

Suite, Apt. #, Etc.

City

NEW PORT RICHEY

State

FL

Zip Code

34652

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Mary Jane Haskell

REGISTERED AGENT MUST SIGN

Date **3/13/01**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles

Name of
Officers and/or Directors

Street Address of Each
Officer and/or Director

City / State / Zip

PRES. MARY JANE HASKELL

4010 STRATFIELD DR.

NEW PORT RICHEY FL.

34652

10. 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:

Mary Jane Haskell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/01

Date

727 845-7305

Daytime Phone #

CR2E081 (9/00)

Mar. 21, 01

R 2012

Fl. Dept. of State

* Do not remove letter *

Dear Mr. Sellers:

I have received your letter of
March 16.

Please be advised that I never
received the initial report from your
office for filing with your department
for my annual report.

Please accept this letter as
my written request for your waiving
of any penalties that may be imposed
upon me, due to the apparent negligence
of the postal service.

Enclosed is my completed form
and a check for the standard filing
fee. I hope this will remedy the
situation.

Thank You

Sincerely,
Mary Jane Haskell

SOUTHGATE CAFE
5205 US 19
NEWPORT RICHEY
Fl. 34652