

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 H. Lynn Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

01 MAR 12 PM 4:36

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P99000083092

1. Corporation Name

SET THE TABLE PERSONAL CHEF SERVICE, INC.

Principal Place of Business

Mailing Address

2515 N.W. 63RD STREET
 BOCA RATON FL 33496

2515 N.W. 63RD STREET
 BOCA RATON FL 33496



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

2. New Principal Office Address, If Applicable 22016 PALMS WAY APT 202 Suite, Apt. #, etc. APT 202 City & State BOCA RATON FL Zip 33433 Country USA		3. New Mailing Office Address, If Applicable 22016 PALMS WAY APT 202 Suite, Apt. #, etc. APT 202 City & State BOCA RATON FL Zip 33433 Country USA		4. Date Incorporated or Qualified To Do Business in Florida 09/15/1999	
5. FEI Number 65-0957276		Applied For <input type="checkbox"/> Not Applicable		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.75 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
PSTD	GULDEN, JAMIE	2515 N.W. 63RD STREET	BOCA RATON FL 33496
			600003851036--2 -03/13/01--01096--016 ****308.75 ****308.75

8. Name and Address of Current Registered Agent GULDEN, JAMIE 2515 N.W. 63RD STREET BOCA RATON FL 33496		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 22016 PALMS WAY APT 202 Suite, Apt. #, Etc. 202 City BOCA RATON State FL Zip Code 33433	
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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 [Signature] Date 3/5/01

SIGNATURE REQUIRED
 REGISTERED AGENT MUST SIGN

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: [Signature] JAMIE GULDEN
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 JAMIE GULDEN
 PRESIDENT
 Date 3/5/01
 Daytime Phone # 561-716-8384

CR2040 (8/00)



202

Set The Table

22016 Palms Way #202

Boca Raton, FL 33433

set.the.table@bellsouth.net

Jamie Gulden- president/chef

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

March 8, 2001

To Whom It May Concern:

I am writing in regards to my corporation. The only piece of paperwork I ever received for renewal of my corporation was this revocation of my corporation status. I am very new to this system and did not know that this paper was a renewal of my corporation for the year 2000. I am requesting that you waive the late fees for the year 200 and accept my payment of \$150.00 for that year and my next payment of \$150.00 for the renewal of the year 2001. I am very concerned about this situation and I am available to discuss this with anyone from your office. I spoke with Tyrone from the reinstatement office and discussed my situation. Please feel free to contact me at any time to discuss this further. I appreciate your time and sincere consideration in this matter.

Thank you,
Sincerely,

Jamie Gulden
President
Set The Table PCS

561-447-4728 (office)

561-716-8384(cell)