FILED
04 FEB 17 AM 9:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 03-04

DOCUMENT # P02000125719

1. Corporation Name

TOMASA CATERING CORP.

2. Principal Office Address	3. Mailing Office Address
2791 W 3RD AVE.	2791 W 3RD AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HIALEAH, FL.	City & State: HIALEAH, FL
Zip: 33010-1405 Country: U.S.A.	Zip: 33010-1405 Country: U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida: 11/26/2002

5. FEI Number: 30-0132354 ☐ 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: JOSE V. QUINTERO

Street Address (P.O. Box Number is Not Acceptable): 2791 W 3RD AVE.

Suite, Apt. #, Etc.:

City: HIALEAH State: FL Zip Code: 33010-1405

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 _____ Date 02/17/2004

REGISTERED AGENT MUST SIGN

CR2E091 (01/04)

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	JOSE V. QUINTERO	4600 SW 67TH AVE. # 240	MIAMI, FL. 33155

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: _____ Jose V. Quintero 02/17/2004 (786)426-1887

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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TR

Division of Corporations

Florida Department of State
Division of Corporations
Public Access System

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : ANA DALMAU ARES, P.A.
Account Number : I20000000268
Phone : (305)229-8256
Fax Number : (305)229-8252

CORPORATION REINSTATEMENT

TOMASA CATERING CORP.

Certificate of Status	0
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