

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 APR 24 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000014118**

1. Corporation Name

SPECIAL EVENTS CATERING BY LBS, INC

2. Principal Office Address

7049 SW 47 ST.

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33155

Country

USA

3. Mailing Office Address

7049 SW 47 ST.

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33155

Country

USA

REINSTATEMENT

00-01

**4. Date Incorporated or Qualified
To Do Business in Florida**

2/5/97

5. FEI Number

65-0766990

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

LBS OPPENHEIM

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

14120 SW 72 AVE

Suite, Apt. #, Etc.

City

MIAMI, FL

State

FL

Zip Code

33158

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **2/16/2001**

9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit 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	LBS OPPENHEIM	14120 SW 72 AVE	MIAMI, FL 33158

01/09/01 90045 008 \$15000

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 application are true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/16/2001

Daytime Phone #

305-669-5221

CR2E081 (9/99)