

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
00 SEP 13 AM 10:58

DOCUMENT # P97000057931

1. Corporation Name

LOFFLER'S CATERING, INC.

2. Principal Office Address

2620 N.W. 27 AVE.

3. Mailing Office Address

6762 S.W. 77 TERR.

REINSTATEMENT 01-00

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33142

Country

U.S.A.

Zip

33143

Country

U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

65-0773314

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

JUDD ARONOWITZ, ESQ.

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

1111 LINCOLN ROAD
802

400003405224-7

-09/26/00--01103--016

****908.75 ****908.75

Suite, Apt. #, Etc.

City

MIAMI BEACH

State
FL

Zip Code

33139

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

6/29/00

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	ELSA LOFFLER GALVIN	6762 S.W. 27 AVE # 708	MIAMI, FL 33143
TREAS	RICHARD O'KEEFE	800 W. GLENVIEW	MIAMI FL 33139

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:

[Handwritten Signature]

ELSA LOFFLER GALVIN

Date

6/19/00

Daytime Phone #

305

6375558

CR2E081 (9/99)