CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS FLORIDA F	PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.				
1. Corporation Name JERRY'S CATERCRS, INC. 2. Process Office Address - No P.O. Box # STE E. PAMBING DR. Suite, Act, etc. Cry & State Cry & State Cry & State Cry & State Cry & State Cry & State The Country State, Act, etc. Cry & State Country State, Act, etc. Cry & State Cry & State Cry & State Country State, Act, etc. The reinstatement fee is imposed, except in Grand Address of Country State, Act, etc. The reinstatement fee is imposed, except in Grand Address of Country State, Act, etc. Cry & State Country State, Act, etc. The reinstatement fee is imposed, except in Grand Address of Country State, Act, etc. Cry & State Cry & State Cry & State Country State, Act, etc. The reinstatement fee is imposed, except in Grand Address of Country State, Act, etc. Cry Wulling for Country State, Act, etc. Cry Wulling for Country State, Acter State Cry Wulling for Country State, Acter State Cry Wulling for Country State, Acter State Cry Wulling for Country State, Address of Each Officer Information Country State, Address of Each Officer Information Country State Address of Each Officer Information Country State Country	CORPORATION REINSTATEMENT			08 OCT -6 PH 1: 17	
JERRY'S CATERERS, INC. 2. Principal Office Address - No P'O. Box # 3. Halting Office Address STGE E. LAMBLING DR. PO. Box 2 Y6/8 Suite. Act. #. etc. Suite. Act. #. etc. Cry & State City & State Welling fow, FL West FMM Back, FL Zo Suite. Act. #. etc. To Do Business in Foods JO/1/70 State City & State Country Zo Zo State. To Do Business in Foods JO/1/70 To Do Business in Foods JO/1/70 State. City & State Country Zo State. Zo Country Zo State. City & State State. The reinstatement fee is imposed, except in food and requesting the reinstatement fee is imposed. State. State. Zo Cook The reinstatement fee is imposed. State. State. State. Zo Cook City State / Zo Cook State. State. Zo Cook City State / Zo Cook State. State. Zo Cook State. Zo Cook Cot City St				TALLAHASSEE, FLORIDA	
S76 E. RAMBLING DR. R0. Box 24618 CR2001 (1008) Suite, Apt. 8, otc. Suite, Apt. 8, otc. Suite, Apt. 8, otc. Suite, Apt. 8, otc. City & State Curve State Curve State Suite, Apt. 8, otc. Suite, Apt. 8, otc. Zip County Zip County Zip Applied For Zip County Zip X/14 State State State Zip County Zip X/14 County State State State State Zip X/14 County Zip X/14 County State					
Suite, Apl. 8, etc. Suite, Apl. 8, etc. In Data Incorporated or Qualified in Do Business in Fronding /D///70 City & Statio City & Statio Data Incorporated or Qualified in Do Business in Fronding /D///70 City & Statio City & Statio Data Incorporated or Qualified in Do Business in Fronding /D///70 City & Statio City & Statio Data Incorporated or Qualified in Do Business in Fronding /D///70 City & Statio City & Statio City & Statio Set FEI Number To Country 20 Country 33 Y/14 Proceedings of Country To Record Country Set Address (PO. Box Number year Address of Country Bay Address of Country Bay Address (PO. Box Number year Address (PO. Box					
City & State City					
2D 33 Y/4 Country 23 Y/4 Country 33 Y/4 Country Status		City & State		4. Date Incorporated or Qualified To Do Business in Florida /0/1/70	
7. Name and Address of Current Registered Agent Name Genard, J., Rendengest, J.R.; Streak Adgress (P.O. Box Number Byold Accounter) Streak Address (P.O. Box Number Byold Accounter) Streak Address (P.O. Box Number Byold Accounter) City Wullington B. 1, boing appointed the registery agent of the above named corporation, and Burnia with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of the Registered Agent X Megistered Agent X Reciptere Agent MULL Siden Reciptere Agent MULL Siden PD Gen Aged J. Revdengets f. Tree Societ Recipter Address of Each Officer and/or Director Officer and/or Directors Streak Address of Each Officer and/or Director PD Gen Aged J. Revdengets f. Tree Societ	Wellington, FL 1	Wellington, FL West PAlm Beach, FL		5. FEI Number 59-1195203 Applied For Not Applicable	
Name Street Address (FP.O. Box Number (=) Not Accounting) Street Address (FP.O. Box Number (=) Not Accounting) J. T. R.: Street Address (FP.O. Box Number (=) Not Accounting) J. T. R.: Street Address (FP.O. Box Number (=) Not Accounting) J. T. R.: Street Address (FP.O. Box Number (=) Not Accounting) J. T. Rectifying the prior notices. By checking this box, you are certifying the prior notices. We read the prior notices. We read the prior notices. We read the prior notices. By checking this box, you are certifying the prior notices. We read the requisitions of section 607.0505 or 617.0503, F.S. Signature of Address of Each Officer and/or Director Street Address of Each Officer and/or Directors Date J. J. 2008 S. I, being appointed the registered agent of the above named corporation. am familier with and account the obligations of section 607.0505 or 617.0503, F.S. Signature of Address of Each Officer and/or Director Signature of Address of Each Officer and/or Directors Street Address of Each Officer and/or Directors City / State / Zip PD Gen Aged J. R. Mdeng 43 f. S76 E. RAmbling Dn. Wellingfor, FL. 33 YIY D LAunA Rendeng 43 f. S76 E. RAmbling Dn. Wellingfor, FL. 33 YIY V PAULA Rendeng 43 f. S76 E. RAmbling Dn. Wellingfor, FL. 33 YIY V PAULA Rendeng 43 f. S76 E. RAmbling Dn. Wellingfor, FL. 3	33414 Country	33416 PA	Im Beach	CEDTICICATE OF STATUS DESIDED SOUS Additional Fee Addition	
SUBE, Apl. #, Elc. Suble, Apl. #, Elc. Suble, Apl. #, Elc. City Well/ing the B. 1, 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 X Registered Agent X Registered Agent X Registered Agent Addresses of Each Officer and/or Directors Street Addresses of Each Officer and/or Directors Street Address of Each Officer and/or Directors Street Address of Each Officer and/or Directors City / State / Zip PD GeRARD J. Revdengest f. JR 576 E. RAmbling DR. Useflingfor, FL 33 YIY D LAURA Revdengest f. S76 E. RAmbling DR. Wellingfor, FL 33 YIY STO KAREN P. Rhodes 576 E. RAmbling DR. Wellingfor, FL 33 YIY V PAULA Revdengest 576 E. RAmbling DR. Wellingfor, FL 33 YIY STO KAREN P. Rhodes 576 E. RAmbling DR. Wellingfor, FL 33 YIY STO KAREN P. Rhodes 576 E. RAmbling DR. Wellingfor, FL 33 YIY STO KAREN P. Rhodes 576 E. RAmbling DR. Wellingfor, FL 33 YIY STO Constructions or trustee empowered to execute this application as provided for in chapter 607 or 617, FS. Intere certify that and an officer or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, FS. Interferenting the section 607, 0401 or 617, 0401, FS. The at all fees oved by the corporation have been pail and the nines of individual stated on this form do not qualify for an exemption contained in Chapter 10, FS. The information indicated on this application is the accurated and the nines of individual stated on this dom do not qualify for an exemption contained in Chapter 10, FS. The information indicated on this application is the accurated and the nines of individual stated on this dom or qualify for an exemption contained in Chapter 107, 040 FS. The information indicated on this application is the accurated and the nines of individual stated on this dom or qualify for an exemption contained in Chapter 107, 040 FS. The information indicated on this applicatio					
Received and requesting the remistatement fee be waived. City Willing for Willing for B. I, being appointed the registered agent of the above named corporation, an familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Date Date Date Officer and/or Director City / State / Zip Officer and/or Director City / State / Zip<	SKG E. ILAMBING DR.			 Circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement 	
Wellington FL 334/14 8. I, being appointed the registered agent of the above named corporation, am farmilier with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors PD Gen ARd J. Revised Agent Street Address of Each Officers and/or Directors Officer and/or Directors PD Gen ARd J. Revised Agent Street Address of Each Officers and/or Directors Officer and/or Directors PD Gen ARd J. Revised Agent S, TR STO KAREN P. Rhodes ST6 E. RAmbling Dn. STO KAREN P. Rhodes ST6 E. RAmbling Dn. Wellington, FL 334/14 V PAULA Revide gast ST6 E. RAmbling Dn. Wellington, FL 334/14 V PAULA Revide gast ST6 E. RAmbling Dn. Wellington, FL 334/14 STO KAREN P. Rhodes ST6 E. RAmbling Dn. Wellington, FL 334/14 V	City State Zio Code				
Signature of Registered Agent Date 10/2/08 9. Names and Street Addresses of Each Officer and/or Director Global and/or Directors Clip / State / Zip 1118s Officers and/or Directors Street Address of Each Officer and/or Directors Clip / State / Zip PD Gen ARd J. Revised Agent ST66 E. NAmbling Dn. Wellingfor, FL 33 YIY D LAUNA Reviden gas f S76 E. NAmbling Dn. Wellingfor, FL 33 YIY D LAUNA Reviden gas f S76 F. NAmbling Dn. Wellingfor, FL 33 YIY V PAULA Reviden gas f S76 F. NAmbling Dn. Wellingfor, FL 33 YIY V PAULA Reviden gas f S76 E. NAmbling Dn. Wellingfor, FL 33 YIY V PAULA Reviden gas f S76 E. RAmbling Dn. Wellingfor, FL 33 YIY V PAULA Reviden gas f S76 E. RAmbling Dn. Wellingfor, FL 33 YIY V PAULA Reviden gas f S76 E. RAmbling Dn. Wellingfor, FL 33 YIY V PAULA Reviden gas f S76 E. RAmbling Dn. Wellingfor, FL	Wellington (<u> 33414</u>		
Titles Name of Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip PD GERARD J. Rendengest JR S76 E. RAmbling DR. Wellingfor, FL 33414 D LAUNA Rendengest JR S76 E. RAmbling DR. Wellingfor, FL 33414 STO KAREN P. Rhodes S76 E. RAmbling DR. Wellingfor, FL 33414 V PAULA Rendengest S76 E. RAmbling DR. Wellingfor, FL 33414 V PAULA Rendengest S76 E. RAmbling DR. Wellingfor, FL 33414 V PAULA Rendengest S76 E. RAmbling DR. Wellingfor, FL 33414 V PAULA Rendengest S76 E. RAmbling DR. Wellingfor, FL 33414 V PAULA Rendengest S76 E. RAmbling DR. Wellingfor, FL 33414 V PAULA Rendengest S76 E. RAmbling DR. Wellingfor, FL 33414 III. Reinstatement application the spease S76 E. Rendering DR. Wellingfor, FL 33414 III. Icertify that I am an officer or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. Hurther 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 tees order thore beingest on this app	Signature of Registered Agent X Margan Date 10/2/08				
Titles Officers and/or Directors Officer and/or Director City/State / 20 PD GeRARD J. Revdengetst, JR 576 E. RAmbling DR. Wellington, FL 33414 D LAUNA Revdengetst, JR 576 E. RAmbling DR. Wellington, FL 33414 STO KAREN P. Rhodes 576 E. RAmbling DR. Wellington, FL 33414 V PAULA Revdengets 576 E. RAmbling DR. Wellington, FL 33414 V PAULA Revdengets 576 E. RAmbling DR. Wellington, FL 33414 V PAULA Revdengets 576 E. RAmbling DR. Wellington, FL 33414 V PAULA Revdengets 576 E. RAmbling DR. Wellington, FL 33414 V PAULA Revdengets 576 E. RAmbling DR. Wellington, FL 33414 V PAULA Revdengets 576 E. Rembling DR. Wellington, FL 33414 V PAULA Revdengets 576 E. Rembling DR. Wellington, FL 33414 V PAULA Revdengets 576 E. Rembling DR. Wellington, FL 33414 V PAULA Revdengets 576 E. Rembling DR. Wellington, FL 33414 V PAULA Revdengets 576 E. Rembling DR. Wellington of 17.61.11 V PAULA Revdengetstenge	9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)				
D LAWA Rendengast 576 E. RAmblin Dr. Wellington, FL 33414 STO KAREN P. Rhodes 576 E. RAmblin Dr. Wellington, FL 33414 V PAULA Rendengast 576 E. RAmblin Dr. Wellington, FL 33414 V PAULA Rendengast 576 E. RAmblin Dr. Wellington, FL 33414 BM 3001366661173 10/06/08-01041-011 ***750.00 REINSTATEMENT 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, 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, F.S. I further certify that when filing this reinstatement application have been pair and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurated and my signature shall have the same legal affect as it made under cath.					
 STO KAREN P. Rhodes 576 E. RAmbling DR. Wellington, FL 33414 V PAULA PENDENGAST 576 E. RAmbling DR. Wellington, FL 33414 RH 3001366661173 10/06/08-01041-011 **750.00 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 pair and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate and my signature shall have the same legal affect as if made under cath.	PD GeRARd J. Renderga	JF, JR 576 E	RAmbling	DR. Wellington, FL 33414	
 V PAULA PENDENGAST 576 E. RAMBING DR. Wellington, FL 33414 RH BUDI 1 366661 1 7:3 10/06/08-01041-011 ***750.00 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 contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal affect as if made under oath.	D LAURA RENdergas	+ 576 E	. RAmbling	Dr. Wellinfor, FL 33414	
RH BEINSTATEMENT 10,/06,/08-01041011 ***750.00 10,/06,/08-01041011 ***750.00 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. I 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 contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal affect as if made under cath.	STO KAREN P. Rhodes	576 E	. RAmbling	DR. Wellington, FL 33414	
10, 06, 08-01041-011 ***750.00 REINSTATEMENT 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 contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my stenature shall have the same legal affect as if made under oath.	V PAULA PENdengA.	st 576 E	. RAmbling	DR. Wellington, FL 33414	
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 contained in Chapter 119, 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.	RH				
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 contained in Chapter 119, 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.	REINSTATEMENT				
SIGNATURE: X / ////// SIGNATURE/AND/TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

Law Offices of

TEPPER & KOLLER

A Partnership of Professional Associations

Scott C. Tepper, P. A. Michael P. Koller, P. A. *Frank J. Tepper, Retired*

October 3, 2008

BY UPS NEXT DAY AIR

Florida Division of Corporations Clifton Bldg. 2661 Executive Center Circle Tallahassee, FL 32301

RE: Jerry's Caterers, Inc. Reinstatement

Dear Div. of Corporations:

Enclosed please find the completed Corporation Reinstatement form regarding the subject matter along with a check in the amount of \$750.00 payable to the Dept. of State. Please reinstate said corporation as soon as possible.

Thank you for your prompt attention to this matter and please call if questions.

Sincerel SCT/tt enclosure