PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
96 NOV 21 PM 2:21
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 417075

Corporation Name

MEINER'S CATERING SERVICE INC.

Mailing Address	Principal Place of Business
1500 Florida Mango Rd. P.O. Box 24618 West Palm Beach, FL 33416-4618	1500 Florida Mango Rd. P.O. Box 24618 West Palm Beach, FL 33416-4618

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

REINSTATEMENT 95-96 as

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable	3. New Principal Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 1/19/73

5. FEI Number: 59-1488220 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED [V]

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City State / Zip
PD	Gerard J. Pendergast	1500 Florida Mango Rd.	West Palm Beach, FL 33416
D	Laura Pendergast	1500 Florida Mango Road	West Palm Beach, FL 33416
SDT	Karen P. Rhodes	1500 Florida Mango Road	West Palm Beach, FL 33416
V	Paula Pendergast	1500 Florida Mango Road	West Palm Beach, FL 33416

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8. Name and Address of Current Registered Agent

Corporation Company of Miami
201 S. Biscayne Boulevard
1600 Miami Center
Miami, FL 33131

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

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: Corporation Company of Miami By: Jill B. Zammas (REGISTERED AGENT MUST SIGN) Asst. Secretary — Date

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box [ ] (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [V] No [ ] (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director of 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., and that all fees owed by the corporation have been paid. 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: (X) [signature] Gerard J. Pendergast 561-683-2569
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #