

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # 674286

1. Corporation Name

CATERING HYGIENE SERVICES, INC.

Principal Place of Business

Mailing Address

6500 NW 16 ST #4

~~4885 NW 6TH CT. PLANTATION 33317-1407~~

P.O. BOX 5243

FT. LAUDERDALE FL 33310

~~4885 NW 6TH CT. PLANTATION 33317-1407~~

P.O. BOX 5243

FT. LAUDERDALE FL 33310

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

2. New Principal Office Address, If Applicable

6500 NW 16 ST

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

#4

Suite, Apt. #, etc.

City & State

PLANTATION FL

City & State

Zip

33313

Country

BROWARD

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/19/1980

5. FEI Number

59-2016846

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
VTS	KRETSEMEDA, ENID	4885 NW 6TH CT	PLANTATION FL
V	RIVENBARK, MAC	401 S.E. 20TH STREET	FT. LAUDERDALE FL
P	KRETSEDEMAS, ALEXANDER	4885 N.W. 6TH COURT	PLANTATION FL

200003828532--4
-03/09/01--01086--020
***300.00 ***300.00

8. Name and Address of Current Registered Agent

KRETSEDEMAS, ENID
~~4885 N.W. 6TH COURT~~
PLANTATION FL 33317

9. Name and Address of New Registered Agent

Name

ALEXANDER KRETSEDEMAS

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

6500 N.W. 16th ST

Suite, Apt. #, Etc.

SUITE # 4

City

PLANTATION

State

FL

Zip Code

33317

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

02/14/01

11. 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/19/01 (954) 4108579

Daytime Phone #

By 10/2

FILED

01 MAR -6 PM 12:32

SECRETARY OF STATE
TALLAHASSEE FLORIDA



CR2E040 (8/00)

Catering Hygiene Services, Inc.
6500 N.W. 16th Street, Suite # 4
Plantation, Florida 33313

By 2002

May 26, 2000

Annual Report Filings
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: Profit Corporation Annual Report 2000
Document # 674286

To Whom It May Concern:

Enclosed is a check in the amount of \$150.00 for the Profit Corporation Annual Report for the year 2000. I did not receive the new form and have requested it by mail. I have still not received the new form and I am worried that a penalty will be imposed. Please note the change of mailing address above. If I need to fill out any forms please send them to me.

Thank You


Alex Kretsedomas

Catering Hygiene Services, Inc.