

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 DEC -6 PM 2:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 674286

1. Corporation Name

CATERING HYGIENE SERVICES, INC.

REINSTATEMENT 04

2. Principal Office Address

3400 S.W. 26<sup>TH</sup> TERRACE  
Suite, Apt. #, etc.  
A-6

3. Mailing Office Address

P.O. Box 5243  
Suite, Apt. #, etc.

City & State

FT. LAUD, FL. FT. LAUD, FL.

Zip

33312

Country

U.S.A

Zip

33310

Country

U.S.A

4. Date Incorporated or Qualified  
To Do Business in Florida

06/19/1980

5. FEI Number

592016846

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

KRETSEDEMAS ALEXANDER

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

3400 S.W. 26<sup>TH</sup> TERRACE

Suite, Apt. #, Etc.

SUITE # 6

City

FT. LAUD,

State

FL

Zip Code

33312

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

12/02/04

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
P	KRETSEDEMAS	ALEXANDER 7191 E. TROPICAL WAY	PLANTATION, FL. 33317
VTS	RIVENBARK MAC	1400 S.W. 32 <sup>ND</sup> CT.	FT. LAUD, FL. 33315
		300043215323 12/06/04--01057--010 **150.00	

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 under section 119.07(3)(b), 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

12/02/04

Daytime Phone #

954-410-8579

CR2E081 (01/04)

DECEMBER 2 2004

TO FLORIDA DEPARTMENT OF STATE  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

FROM: CATERING HYGIENE SERVICES INC. # 674286  
3400 S.W. 26TH TERRACE  
SUITE A-6  
FT. LAUD. FLORIDA 33312

PLEASE BE ADVISED THAT I DID NOT RECEIVE THE RENEWAL FORM FOR THE YEAR  
2004.

ENCLOSED PLEASE FIND OUR APPLICATION AND CHECK OF \$ 150.00

SINCERELY



ALEXANDER N. KRETSEDEMAS

PRESIDENT

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