

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # F99000002576

1. Corporation Name

DO & CO MIAMI CATERING, INC.

Principal Place of Business

Mailing Address

~~1 CHASE MANHATTAN PLAZA
ATTN: MR. HELFRIED SCHWARZ
NEW YORK NY 10005~~

~~1 CHASE MANHATTAN PLAZA
ATTN: MR. HELFRIED SCHWARZ
NEW YORK NY 10005~~

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

2. New Principal Office Address, If Applicable

1160 Milan Dairy
Suite, Apt. #, etc. Airport Loop
City & State Miami, Florida
Zip 33126 Country

3. New Mailing Office Address, If Applicable

Attn: Mr. Seeman
Suite, Apt. #, etc. 750 Lexington Av.
City & State New York, NY
Zip 10022 Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

05/19/1999

SP

5. FEL Number

52-2172841

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
DPT	DOGUDAN, ATTILA	1 CHASE MANHATTAN PLAZA	NEW YORK NY 10005
VPS	KAINZ, WILFRIED	1 CHASE MANHATTAN PLAZA	NEW YORK NY 10005
			700003454487--7
			-11/07/00--01018--016
			****758.75 ****758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/30/2000

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Attila Dogudan

0d. 20,00

Date

Daytime Phone #

(212) 735-8682