2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # K62567)
1. Entity Name VIP CATERERS OF BOCA RATON,		FILED 05 NOV -7 PM 2: 35		
	THE STATE OF THE S	05 NOV -7 PM	. 2. 33	
Principal Place of Business 1 0428LDE CORAL BR CORSE STEIN 1981 MARCUS AVE C100 BOCARATON, FL 33498 CEORSE STEIN LAKE SUCCESS, NY 11042			SECRETARY OF TALLAHASSEE.	STATE FLORIDA
LAKE SULCESS, NY 11042 4545 COQUIDA WAY OCEAN RIDGE, FL, 33435 2. Principal Place of Business 3. Mailing Address			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	BU BURU BURU BURU BURU BURUBU IL ARBO
Principal Place of Business 3. Mailing Address				
Suite, Apt. #, etc. Suite, Apt. #, etc.			10212005 REIN-P	CR2E098 (6/04)
City & State	City & State		4. FEI Number 11-2977277	Applied For Not Applicable
Zip Country	Zip	Country	Certificate of Status Desired	\$8.75 Additional
6. Name and Address of Curren	t Registered Agent		7. Name and Address of New Re	Fee Required
	Name	Name		
STEIN, GEORGE 4545 COQUINA RD OCEAN RIDGE, FL 33435		Street Address (P.O. Box Number is Not Acceptable)		
·				1 =
		City		FL Zip Code
The above named entity submits this statement the obligations of registered agent.	for the purpose of changing its re	egistered office or regist	ered agent, or both, in the State of Flori	da. I am familiar with, and accept
SIGNATURE COLOR	\gg		10/29	1/08
Signature, typed or cyclied name of registered ager	nt and title if applicable. (NOTE:	Registered Agent signature req	uired when reinstating)	DATE
— FILE NOW!!!-FBE IS \$150.00-	.00		In accordance wi corporation did n	th s. 607.193(2)(b), F.S., the of receive the prior notice.
10. OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 11
TITLE P	2 0000			Change Addition
NAME STEIN, GEORGE STREET ADDRESS 11042 BLUE CORAL DRIVE		NAME STREET ADDRESS	4000612; 11/07/0501065-	చటుంపా త -016 **150.00
CITY-ST-ZIP BOCA RATON, FL 33498		CITY+ST-ZIP		
TITLE NAME	☐ Delete			Change Addition
EET ADDRESS		NAME Street Address		
CITY-ST-ZIP	☐ Delete	CITY-ST-ZIP TITLE		☐ Change ☐ Addition
NAME	. —			C cusude C vacation
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP		
TITLE	☐ Delete	TITLE		Change Addition
NAME STREET ADDRESS		NAME STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	☐ Delete	TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS		NAME STREET ADDRESS	TARA DA	The second secon
CITY+ST-ZIP		CITY-ST-ZIP	1	
TITLE NAME	☐ Delete		Fig. 12010 feet cig unit 2003/00 Change Fig. Addition	
STREET ADDRESS		STREET ADDRESS		
12. I hereby certify that the information supplied w	ith this filing does not qualify for	the exemption stated in	Section 119.07(3)(i), Florida Statutes, I	further certify that the information
I hereby certify that the information supplied w indicated on this report or supplemental report of the corporation or the receiver or trustee em	is true and accurate and that me powered to execute this report a	y signature shall have thas required by Chapter 6	ie same legal effect as if made under o 07, Florida Statutes; and that my name	ath; that I am an officer or director appears in Block 10 or Block 11 if
changed, or on an attachment withyan address	s, with all other like empowered.		المراه	
SIGNATURE: /et	ALMANDLE STE	1.61	1015970):J
SIGNATURE AND TYPED O	R PRINTED NAME OF SIGNING OFFICER O	7 / Y OR DIRECTOR	Date Date	Daytime Phone #