

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 JAN 14 AM 9:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L00000015191

1. Limited Liability Company's Name

CONTINENTAL CATERING, LLC.

P.O. Box 212047-

WEST PALM BEACH, FL. 33421-2047

2. Principal Office Address

9067 SOUTHERN BLVD.

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL.

Zip

33411

Country

PALM BEACH

3. Mailing Office Address

P.O. Box 212047

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL.

Zip

33421-2047

Country

PALM BEACH

4. State/Country of Formation

FLORIDA/US.

5. Date Organized or Qualified  
To Do Business in Florida

12-08-2000

6. FEI Number

05-1059548

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

GREGORY A. SCIRROTTO

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

18319 OAK LEAF DR.

Suite, Apt. #, Etc.

City

JUPITER

State

FL

Zip Code

33458

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

*Gregory A. Scirrotto*

REGISTERED AGENT MUST SIGN

Date 1/10/02

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
PRES.	GREGORY A. SCIRROTTO	18319 OAK LEAF DR.	JUPITER, FL. 33458
SEC.	GREGORY A. SCIRROTTO	18319 OAK LEAF DR.	JUPITER, FL. 33458

REINSTATEMENT 2001-2002

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company 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 of  
Managing Member/Manager

*Gregory A. Scirrotto*

Date 1/10/02

Daytime Phone # 561-820-9228

Typed or printed name of signing Managing Member/Manager GREGORY A. SCIRROTTO