

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAY 23 AM 10:30

<b>DOCUMENT # L03000045241</b> 1. Entity Name <b>T &amp; N CATERING, LLC</b>					
Principal Place of Business <b>136 HANGING MOSS DR. OVIEDO, FL 32765</b>			Mailing Address <b>136 HANGING MOSS DR. OVIEDO, FL 32765 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>20-0398892</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>KARL A. BURGUNDER, ATTORNEY AT LAW, P.L. 1565 GEMINI CT. OVIEDO, FL 32765</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>REINSTATEMENT 04-05</b> </div> City <b>FL</b> Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$200.00</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TORRES, TAMMY 136 HANGING MOSS DR. OVIEDO, FL 32765	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NIKOLLAJ, KRIST 136 HANGING MOSS DR. OVIEDO, FL 32765	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NIKOLLAJ, MHILL 136 HANGING MOSS DR. OVIEDO, FL 32765	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NIKOLLAJ, JOZEF 136 HANGING MOSS DR. OVIEDO, FL 32765	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NIKOLLAJ, PREK 136 HANGING MOSS DR. OVIEDO, FL 32765	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NIKOLLAJ, PREK 136 HANGING MOSS DR. OVIEDO, FL 32765	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NIKOLLAJ, PREK 136 HANGING MOSS DR. OVIEDO, FL 32765	<input type="checkbox"/> Delete			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE:			Date: <b>4/16/05</b> (407) 929-1924		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					