

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 MAR 26 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000049951

1. Limited Liability Company's Name

Perfections Catering LLC

2. Principal Office Address - No P.O. Box #

556 Lakehaven Circle

Suite, Apt. #, etc.

3. Mailing Office Address

556 Lakehaven Circle

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip
32828

Country

Zip
32828

Country

4. State/Country of Formation
Florida, USA

5. Date Organized or Qualified
To Do Business in Florida 7/6/2004

6. FEI Number

☒ 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
Debra A Solomon

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

Suite, Apt. #, Etc.

City
Orlando

State

FL

Zip Code

32828

☐ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

Debra A. Solomon

REGISTERED AGENT MUST SIGN

Date 3/12/07

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
Owner	Debra A. Solomon	556 Lakehaven Circle	Orlando FL 32828
			000095253120
			03/29/07--01057--009 **200.00
			REINSTATEMENT 05-07

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

Debra A. Solomon

Date 3/12/07

Daytime Phone # 407-844-2218

Typed or printed name of signing Managing Member/Manager

Debra A. Solomon