2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
07 JAN 30 AM 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000050282

1. Entity Name
GOURMET EXPRESSIONS CATERING, LLC

Principal Place of Business	Mailing Address
101 NORTH OCEAN DRIVE HOLLYWOOD, FL 33019	101 NORTH OCEAN DRIVE HOLLYWOOD, FL 33019

06

01292007 REIN-LLC CR2E101 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5850 S. Pine Island Rd	5850 S. Pine Island Rd
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: Davie Florida	City & State: Davie FL
Zip: 33328 Country: USA	Zip: 33328 Country: USA

4. FEI Number: 202904327 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RAPP, MICHAEL 101 NORTH OCEAN DRIVE HOLLYWOOD, FL 33019	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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: Michael Rapp 1/29/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAPP, JONATHAN 101 NORTH OCEAN DRIVE HOLLYWOOD, FL 33019	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900087210 ☐ Change ☐ Addition 02/05/07- 01004- 004 **100.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

REINSTATEMENT 2006-2007

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Rapp 1/29/07 954-680-4787
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

L05000050262

I did not receive my Annual Report for last year.

Gourmet Expressions
Jonathan Rapp

Jon Rapp