

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

9-26-03  
350.00

FILED

2007 MAR 29 AM 9:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # M01000002368

1. Corporation Name

M01000002368

SUNBELT CATERING, LLC

2. Principal Office Address

8220 SW 35TH TERR

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip  
33155

Country  
USA

3. Mailing Office Address

8220 SW 35TH TERR

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip  
33155

Country  
USA

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-1141391

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

EDDRIAN BURCIAGA

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

8220 SW 35TH TERR

Suite, Apt. #, Etc.

City

MIAMI, FL

State

FL

Zip Code

33155

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 7/31/2006

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
MGRM	EDDRIAN BURCIAGA	8220 SW 35TH TERR	MIAMI, FL 33155
			800095788268 04/04/07--01025--024 **350.00

REINSTATEMENT 03-07

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/31/2006

Date

786-295-4153

Daytime Phone #