

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS		FILED 97 SEP -5 PM 1:21 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # MD9950					
1. Corporation Name METRO CATERERS, INC. W97-19670					
Principal Place of Business 11022 SW 129 PL MIAMI, FL 33186		Mailing Address			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. Same City & State Zip Country		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. Same City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida 1/85	
				5. FEI Number 59-2481089 Applied For Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
1	2	3	4		
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
P.D.	SUSAN DeCere	SAME AS ABOVE	SAME AS ABOVE		
D	Raymond DeCere	"	"		
			100002289081--7 -09/10/97--01052--002 ****550.00 ****550.00		
			96-8-47		
8. Name and Address of Current Registered Agent LOUIS TERMINELLO			9. Name and Address of New Registered Agent Name SUSAN DeCere Street Address (P.O. Box Number is Not Acceptable) 11022 SW 129 PL Suite, Apt. #, Etc. MIAMI City FL State FL Zip Code 33186		
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent [Signature] REGISTERED AGENT MUST SIGN Date					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)					
12. 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 under section 119.07(3)(i), 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] 8/15 Date W 499-2184 ext 178 387-0396 Daytime Phone #					