

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000023940

1. Entity Name
ALL EVENTS CATERING, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 NOV -7 AM 11:30

Principal Place of Business
1301 78TH STREET
TAMPA, FL 33619

Mailing Address
1301 78TH STREET
TAMPA, FL 33619

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10222008

REIN-P

CR2E098 (1/07)

4. FEI Number
59-3630196

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARRIS, ADAM
5801 THOREAU PLACE
LITHIA, FL 33547

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2009, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
HARRIS, ADAM
5801 THOREAU PLACE
LITHIA, FL 33547

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

400137425294
10/29/08--01031--003 **758.75

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SEC
KELLEY, MELANIE
11405 WESTON POINTE DR APT 103
BRANDON, FL 33511

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

AVP
HARRIS, ERIC
3511 CORONA ST
TAMPA, FL 33629

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
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☐ Change ☐ Addition

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ADAM HARRIS

Date

11/4/08

Daytime Phone #