

PLEASE READ ALL INSTRUCTIONS BEFORE COM

FILED
Mar 11, 2002 8:00 am
Secretary of State

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000096937

1. Corporation Name

SUNRISE CATERING, INC.

Principal Place of Business

7438 NORTHWEST 49TH COURT
LAUDERHILL FL 33319

Mailing Address

7438 NORTHWEST 49TH COURT
LAUDERHILL FL 33319



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.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 01-078

4. Date Incorporated or Qualified
To Do Business in Florida

10/16/2000

5. FEI Number

65-1098241

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PTD	URBANY, JAMES P	7438 NORTHWEST 49TH COURT	LAUDERHILL FL 33319
SVD	GIZZO, MARY E	7438 NORTHWEST 49TH COURT	LAUDERHILL FL 33319
			100005139981--3 -03/22/02--01002--024 ****900.00 ****900.00 JH3/20

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134

9. Name and Address of New Registered Agent

Name
JAMES P. URBANY
Street Address (P.O. Box Number is Not Acceptable)
7438 NW 49 CT
Suite, Apt. #, Etc.

LAUDERHILL
City
LAUDERHILL

State
FL
Zip Code
33319

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 2-14-02

11. 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] JAMES P. URBANY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-02

Date

954-748-2514

Daytime Phone #

CR2040 (8/01)