

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 27 AM 11:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000040585**

1. Corporation Name

CATANIA RESTAURANT CONSULTANTS, INC.

Principal Place of Business

821 COLLINS AVENUE
SUITE 201
MIAMI BEACH FL 33139

Mailing Address

821 COLLINS AVENUE
SUITE 201
MIAMI BEACH FL 33139



REINSTATEMENT 03

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

4. Date Incorporated or Qualified
To Do Business in Florida

04/23/2001

5. FEI Number

65-1098532

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	CATANIA, SALVATORE	821 COLLINS AVENUE SUITE 201	MIAMI BEACH FL 33139
STD	CATANIA, CAMELY	821 COLLINS AVENUE SUITE 201	MIAMI BEACH FL 33139

000024102490
10/27/03 01021-006 **150.00

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 _____
Street Address (P.O. Box Number is Not Acceptable) _____
Suite, Apt. #, Etc. _____
City _____ State **FL** Zip Code _____

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. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE

Date

REGISTERED AGENT MUST SIGN

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:

(Camely Catania STA)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/20/03
Date

305-604-5667
Daytime Phone #

CR2E040 (7/03)

Catania Restaurant Consultants Inc.

821 Collins Ave. Suite 201

Miami Beach, FL

33139

305-604-5667

cataniaconsultantsinc@msn.com

October 20, 2003

To Whom May It Concern:

We never received The Corporation Tax Form. Here I am sending you \$150.00 and the forms. If there is anything else that we should know or if we need to fill out any forms please let us know. If there is anything missing please contact us.

Sincerely,



Camely Catania

STD