


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 MAR -6 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700091535307
03/07/07--01004--029 **758.75

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P01000044222**

1. Corporation Name

CATERING CAPERS INC.

2. Principal Office Address

1400 Capital Circle NE

Suite, Apt. #, etc.

Suite H-4

City & State

Tallahassee FL

Zip

32303

Country

LEON

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E0811(T2/05)

03-07

4. Date Incorporated or Qualified
To Do Business in Florida

5/2/01

5. FEI Number

59-3720328

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

Carlene Barrett

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

1571 Stone Rd Ste 9-D

Suite, Apt. #, Etc.

STE 9-D

City

Tallahassee

State

FL

Zip Code

32303

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

Carlene Barrett

Date

3/6/07

REGISTERED AGENT MUST SIGN

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
President	Justin Chivins	1571 Stone Rd 9-D	Tallahassee FL 32303
		82016	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

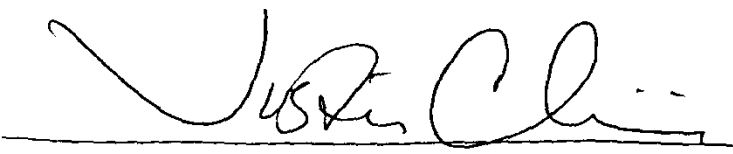
3/6/07

Date

Daytime Phone #

850-510-2010

I did not receive my
2003 Annual Report form.


Justin Chitico