

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
		

DOCUMENT #: PO1000074043

1. Corporation Name

Cacciatoe Catering Inc

2. Principal Office Address:

6 9130 SW 51 Rd

Suite, Apt. #, etc.

Suite A

City & State

Gainesville FL

Zip

32608

Country

Alabama

3. Mailing Office Address

9130 SW 51 Rd

Suite, Apt. #, etc.

Suite A

City & State

Gainesville FL

Zip

32608

Country

Alabama

FILED
05 FEB 28 PM 1:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 02-05

4. Date Incorporated
To Do Business: in

5. FEI Number

593735772

Applied For

Not Applicable

6. CERTIFICATE OF STA

RED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Dean J. Cacciatoe

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

6906 SW 82 Ter

Suite, Apt. #, Etc.

City

Gainesville

State

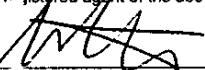
FL

Code

32608

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.1.

Signature of
Registered Agent



Date

2/25/05

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
Pr.	Dean J Cacciatoe	6906 SW 82 Ter Gainesville	FL 32608
Sec.	Dean J Cacciatoe	6906 SW 82 Ter. Gainesville	FL 32608
		600047871765 03/08/05-01009-015	**1200.00
			JL 3/3

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 60 of this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.1, all debts have been paid and the names of individuals listed on this form do not qualify for an exemption under section 607.1, the information 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

2-25-05

Date

352-692-0701

Daytime Phone #

17.0503, F.S.

GR2E061 (07/03)