


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

|                                      |  |
|--------------------------------------|--|
| <b>CORPORATION<br/>REINSTATEMENT</b> |  <b>FLORIDA DEPARTMENT OF STATE<br/>Secretary of State<br/>DIVISION OF CORPORATIONS</b> |
|--------------------------------------|--|

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

DOCUMENT: 001000074043

1. Corporation Name

Cacciatore Catering Inc

2. Principal Office Address

9130 SW 51 Rd

Suite, Apt. #, etc.

Suite A

City & State

Gainesville FL

Zip

32608

Country

Alachua

3. Mailing Office Address

9130 SW 51 Rd

Suite, Apt. #, etc.

Suite A

City & State

Gainesville FL

Zip

32608

Country

Alachua

4. Date Incorporated  
To Do Business in

5. FEI Number

59-3735772

Applied For

Not Applicable

6. CERTIFICATE OF STATUS

RED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Dean J. Cacciatore

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 637.1

Signature of  
Registered Agent

*[Signature]*

Date

17.0503, F.S.

2/25-05

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<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip   |
|--------|--------------------------------------|---|----------------------|
| Pr.    | Dean J Cacciatore                    | 6906 SW 82 Ter Gainesville                        | Gainesville FL 32608 |
| Sec.   | Dean J Cacciatore                    | 6906 SW 82 Ter Gainesville                        | Gainesville FL 32608 |
|        |                                      |   |                      |
|        |                                      |   |                      |
|        |                                      |   |                      |
|        |                                      |   |                      |

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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 this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 601 or 607.0401, 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 (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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-25-05

Daytime Phone #

352-692 0701