

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUN 14 AM 8:00

DOCUMENT # P01000075951

1. Corporation Name

LTR Catering, Inc

2. Principal Office Address

2980 Cargo St

Suite, Apt. #, etc.

City & State

Ft Myers, FL

Zip

33916

Country

USA

3. Mailing Office Address

2980 Cargo St

Suite, Apt. #, etc.

City & State

Ft Myers, FL

Zip

33916

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 8/2/2001

5. FEI Number

65-1147955

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02-04
MPS

7. Name and Address of Current Registered Agent

Name

Jackie Russo

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

425 NW 17 PI

Suite, Apt. #, Etc.

City

Cape Coral

State

FL

Zip Code

33909

100035703701
05/06/04--01028--029 **1093.75

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S.

Signature of
Registered Agent

Jackie M Russo
REGISTERED AGENT MUST SIGN

Date 4/12/04

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
P	Jackie Russo	425 NW 17 PI	Cape Coral, FL 33909
V	Christopher Russo	1011 SE 13 PI	Cape Coral, FL 33990
STD	Lisa Maglott	1011 SE 13 PI	Cape Coral, FL 33990

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 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:

Christopher Russo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/12/04

239-226-9100

Date

Daytime Phone #

CR2001 (01/04)