

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000100090	
1. Entity Name DENISE'S CATERING, INC.	

Principal Place of Business 4645 CASON COVE DR., #2322 ORLANDO, FL 32811	Mailing Address 7337 GATEHOUSE CIR., #130 ORLANDO, FL 32807
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2. Principal Place of Business 11904 Reedy Creek Dr. Suite, Apt. #, etc. #10	3. Mailing Address 11904 Reedy Creek Dr. Suite, Apt. #, etc. #10
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City & State ORLANDO FL	City & State ORLANDO FL
Zip 32836	Zip 32836
Country USA	Country USA



6. Name and Address of Current Registered Agent ALVARES, MACHADO D 4645 CASON COVE DR., #2322 ORLANDO, FL 32811		7. Name and Address of New Registered Agent Name DENISE MACHADO Street Address (P.O. Box Number is Not Acceptable) 11904 Reedy Creek Dr #10 City ORLANDO FL Zip Code 32836	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Denise Machado DATE: 4/26/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST ALVARES, MACHADO D 4645 CASON COVE DR., #2322 ORLANDO, FL 32811 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTS DENISE MACHADO 11904 REEDY CREEK DR. #10 ORLANDO FL 32836 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALVARES, MACHADO D 4645 CASON COVE DR., #2322 ORLANDO, FL 32811 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200054859802 05/19/05--01056--009 ***300.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Denise Machado DATE: 4/26/05 DAYTIME PHONE #: 407-729-9509

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR