

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 10 AM 9:33

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P01000104218

1. Corporation Name

RINAT'S CATERING, INC.

Principal Place of Business

Mailing Address

2385 NE 199 STREET
MIAMI FL 33180
US

2385 NE 199 STREET
MIAMI FL 33180
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

10/29/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1146983

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	STEINMETZ, RINAT A	2385 NE 199 STREET	MIAMI FL 33180
T	STEINMETZ, DANIEL	2385 NE 199 STREET	MIAMI FL 33180

900023908229
10/17/03--01062--001 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STEINMETZ, DANIEL
2385 NE 199 STREET
MIAMI FL 33180

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date 10/13/03

11. 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RINAT STEINMETZ

Date

10/13/03

Daytime Phone #

305-933-4651

CR2E040 (7/03)

Rinat's Catering
2385 NE 199 Street
Miami, FL 33180

October 13, 2003

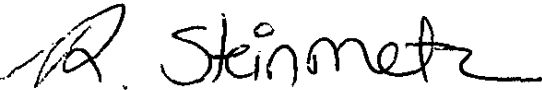
Florida Department of State
Annual Report/ Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

To whom it may concern,

I am writing to you because I received the following certificate of dissolution or
revocation (copy attached) for the corporation under the name of Rinat's Catering.

I am asking you to waive the reinstatement fee as this corporation has not received the
UBR notice. I am attaching the \$150.00 filing fee for a for-profit corporation as well as
the completed application for reinstatement.

Yours Truly,

A handwritten signature in black ink, appearing to read "R. Steinmetz". The signature is fluid and cursive, with a long horizontal stroke at the end.

Rinat Steinmetz