

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P02000088607**

Corporation Name
**ASPIRE
SPIRE CATERING & EVENTS, INC.**

FILED
03 NOV 17 AM 11:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**6300 SW 5 ST
PLANTATION FL 33317**

Mailing Address
**6300 SW 5 ST
PLANTATION FL 33317**



200024743672
11/17/03--01018--012 **750.00

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 08/14/2002	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number EIN# 542069205	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	MORAN, MICHAEL	6300 SW 5 ST	PLANTATION FL 33317
D	MORAN, ELAINA	6300 SW 5 ST	PLANTATION FL 33317

REINSTATEMENT **03**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MORAN, MICHAEL 6300 SW 5 ST PLANTATION FL 33317	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 *Michael J. Moran* Date **11-11-03**
REGISTERED AGENT MUST SIGN

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: *Gavin R. Moran* **(954)**
11-11-03 296-6928
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (7/03)