

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

10 FEB -4 AM 9:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000019986

1. Corporation Name

TUTTO Catering INC

**REINSTATEMENT** 0870

200166852712

01/21/10--01041--020 \*\*900.00  
CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #  
8200 W 33 AV

3. Mailing Office Address  
8200 W 33 AV

Suite, Apt. #, etc.  
16

Suite, Apt. #, etc.  
16

City & State  
Hialeah GARDEN FL

City & State  
Hialeah GARDEN FL

Zip Country  
33018 USA

Zip Country  
33018 USA

4. Date incorporated or Qualified  
To Do Business in Florida

02/03/2003

5. FEI Number

59-376535

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Ricardo Villasmil

Street Address (P.O. Box Number is Not Acceptable)  
4371 SW 160 AV #207

Suite, Apt. #, Etc.  
207

City  
MIAMI

State Zip Code  
FL 33027

☐ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

[Signature]

Date 01/13/2010

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 Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	<u>Ricardo Villasmil</u>	<u>4371 SW 160 AV #207 MI</u>	<u>MIAMI FL 33027</u>

200166852712  
02/04/10--01003--003 \*\*158.75

202/4

10. E-mail Address: VILLASMI@Bellsouth.net

(To be used for future annual report notification)

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. I further certify, 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] Ricardo Villasmil PD

01/13/2010

786 488-4134

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #