

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000089893

1. Corporation Name

NEUZA'S BEST CATERING, CORP.

2. Principal Office Address - No P.O. Box #

2935 NE 163RD STREET

3. Mailing Office Address

2935 NE 163RD STREET

Suite, Apt. #, etc.

3 B

Suite, Apt. #, etc.

3 B

City & State

NORTH MIAMI BEACH

City & State

NORTH MIAMI BEACH

Zip

33160

Country

USA

Zip

33160

Country

USA

7. Name and Address of Current Registered Agent

Name

JOSE D BASILIO

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

1414 NW 107 AVE

Suite, Apt. #, Etc.

SUITE 206

City

MIAMI

State

FL

Zip Code

33172

4. Date Incorporated or Qualified To Do Business in Florida

08/18/2003

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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

REGISTERED AGENT MUST SIGN

Date 06/21/2007

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	GABRIEL MARTINEZ	2935 NE 163RD STREET 3B	N. MIAMI BAECH, FL. 33160

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 contained in Chapter 119, 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

06/21/2007

Date

786-290-3615

Daytime Phone #

FILED
07 JUL -2 AM 8:26

STATE OF FLORIDA

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07/06/07--01030--017 **608.75

REINSTATEMENT 04-07

CR2E081 (1/07)