

2007 FOR PROFIT CORPORATION REINSTATEMENT

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07 MAY -8 PM 12: 35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000068565 1. Entity Name STERLING CATERERS, INC.			
Principal Place of Business 101 N. OCEAN DR. HOLLYWOOD, FL 33019 5850 S. Pine Island Rd, Davie FL 33328		Mailing Address 101 N. OCEAN DR. HOLLYWOOD, FL 33019	
2. Principal Place of Business - No P.O. Box # 5850 S. Pine Island Rd Suite, Apt. #, etc.		3. Mailing Address 5850 S. Pine Island Rd Suite, Apt. #, etc.	
City & State DAVIE, Florida Zip 33328		City & State DAVIE, Florida Zip 33328	
Country BROWARD		Country BROWARD	
4. FEI Number: 203004936		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RAPP, MICHAEL 101 N. OCEAN DR. HOLLYWOOD, FL 33019 DAVIE, Florida 33328		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <u>Michael Rapp</u> (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP PD RAPP, MICHAEL 101 N. OCEAN DR. HOLLYWOOD, FL 33019	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP RAPP, Michael 5850 S. Pine Island Rd DAVIE, Florida President	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TD HERSH, KEN 101 N. OCEAN DR. HOLLYWOOD, FL 33019	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 700103235847 05/25/07--01008--003 **300.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP V RAPP, JONATHAN 101 N. OCEAN DR. HOLLYWOOD, FL 33019	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Rapp, Jonathan 5850 S. Pine Island Rd DAVIE, Florida 33328 Sec Treas.	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP B5/8/6	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP REINSTATEMENT Db-07	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Michael Rapp</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <u>5/3/07</u> 954-650-4287 Daytime Phone #	