

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 APR 17 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



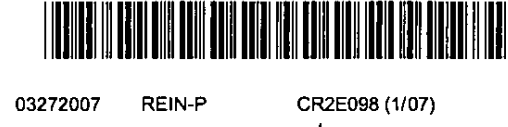
DOCUMENT # P05000104724

1. Entity Name
BRUNO'S CATERING, INC.

Principal Place of Business 213 MANASOTA ST. FORT MYERS, FL 33913	Mailing Address 213 MANASOTA ST. FORT MYERS, FL 33913
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2. Principal Place of Business - No P.O. Box # 810 Rue habean Cir.	3. Mailing Address P.O. Box 387
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Fort Myers, FL	City & State Lehigh Acres, FL
Zip 33913	Zip 33970
Country USA	Country USA



6. Name and Address of Current Registered Agent

**BORRA, BRUNO I
213 MANASOTA ST.
FORT MYERS, FL 33913**

4. FEI Number
34-2178894

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name **BORRA, BRUNO J.**
Street Address (P.O. Box Number is Not Acceptable) **810 Rue habean Cir.**
City **Fort Myers** FL Zip Code **33913**

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 *Bruno Borra* **BRUNO, BORRA J.**
Signature, typed or printed name of registered agent and title if applicable. **DIRECTOR** **3-27-07**
(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

TITLE	D	<input type="checkbox"/> Delete
NAME	BORRA, BRUNO I	
STREET ADDRESS	213 MANASOTA ST.	
CITY-ST-ZIP	FORT MYERS, FL 33913	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORRA, BRUNO J.	
STREET ADDRESS	810 Rue habean Cir	
CITY-ST-ZIP	Fort Myers, FL 33913	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 stated 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: *Bruno Borra* **BRUNO BORRA**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **DIRECTOR** **3-27-07 2398871219**
Date Daytime Phone #

SIGN HERE