

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000001686

1. Entity Name:  
GABY'S CATERING SERVICE INC.



Principal Place of Business  
175 FONTAINEBLEAU BLVD. SUITE 1-D  
MIAMI, FL 33172

Mailing Address  
175 FONTAINEBLEAU BLVD. SUITE 1-D  
MIAMI, FL 33172

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11272007 REIN-P CR2E098 (1/07)

4. FEI Number

06-1767210

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRIMALDI, RUPDAI N  
175 FONTAINEBLEAU BLVD. SUITE 1-D  
MIAMI, FL 33172

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 Rup Dai Nina Grimaldi

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12-21-07

DATE

**FILE NOW!!! FEE IS \$750.00**  
**After January 1, 2008, Fee will be \$900.00**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME GRIMALDI, ANTHONY  
STREET ADDRESS 175 FONTAINEBLEAU BLVD. SUITE 1-D  
CITY - ST - ZIP MIAMI, FL 33172

TITLE ☐ Change ☐ Addition  
NAME 500113376025  
STREET ADDRESS 12/24/07--01052--002 \*\*150.00  
CITY - ST - ZIP

TITLE D ☐ Delete  
NAME GRIMALDI NINA  
STREET ADDRESS 175 FONTAINEBLEAU BLVD, STE 1-D  
CITY - ST - ZIP MIAMI, FL 33172

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME RLH  
STREET ADDRESS 12-07  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ 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 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: Nina Grimaldi - NINA GRIMALDI  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-21-07

Date

305-226-5260

Daytime Phone #

FILED

07 DEC 24 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



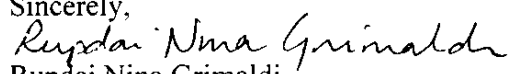
December 21<sup>st</sup> 2007

Division of Corporations,  
Clifton Building,  
2661 Executive Center Circle,  
Tallahassee, FL 32301

Dear Sirs,  
Ref: Gaby's Catering Service Inc.  
Number: P06000001686

Enclosed please find check No.2235 for \$150.00 to  
Re-instate corporation.  
Can you please waive re-instatement and late fees since  
I did not receive the annual report filing form for year 2007.

Thanking you for your kind response.

Sincerely,  
  
Rupdai Nina Grimaldi  
10297 NW 57 terrace  
Miami, Florida 33178  
305-226-5260