Page 182 PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REIN	RPORATION FLORIDA DEPARTMENT OF STATE		STATE	FILED	
	2009	Secretary of State DIVISION OF CORPORATIONS		09 OCT -6 AM 11: 08	
DOCUMENT # POGODOSO1686 1. Corporation Name Cyaby's Catering Service Inc				SECRETARY OF STATE TALLAHASSEE, FLORIDA	
175	Principal Office Address 175 Funtainebleau Blvd SAME uite, Apt. #, etc. Suite, Apt. #, etc.		08/03/ REINS	800159193038 08/03/0301055022 **300.00 - REINSTATEMENT /05/08-09	
City & Stell	ite 1-0	City & State		4. Date Incorporated or Qualified To Do Business in Florida	
MIL	ami, FL	,	5. FEI Number	767210	Applied For Not Applicable
^{Zip} 331	12 Dade	Zip Country	6. CERTIFICATE		tional Fee required tificate of Status
7. Name and Address of Current Registered Agent					
Name Anthony Grimaldi					
Street Address (P.O. Box Number is Not Acceptable) 175 FON Fain NICAU BIND					
Suite, Apt. #. Etc. 1-D					
	City Miami			State Zip Code 172	
8. I, being appointed the registered agent of the above named concernation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.					
Signature of Registered Agent Date 4/0/09- Dete 4/0/09-					
9. Names and Street Addresses of Each Officer and/of Director (Florida nonprofit corporations must list at least 3 directors)					
Titles	Name of Officers and/or Directors		ress of Each I/or Director	City / State / Zip	
\supset	Grimaldi, Anthur	y 175 Fontaine	bleau Blvd 1-i	Hiami, FL	33172
D	Grinaldi, Nina		Yeau Blid I-D	Hiami, FL	33172
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				W. 10	17
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.					
this rei owed i on this	Instatement application, the reason for dissibly the corporation have been paid and the application is true and accurate, and my si	olution has been eliminated, the corporate nat names of individuals listed on this form do not	t qualify for an exemption conta	of section 607.0401 or 617.0401, F.S ained in Chapter 119, F.S. The infor	i., that all fees
this rei owed i	instatement application, the reason for dissembly the corporation have been paid and the inapplication is true and accurate, and my significant.	olution has been eliminated, the corporate nat names of individuals listed on this form do not	t qualify for an exemption containable under oath.	of section 607.0401 or 617.0401, F.S ained in Chapter 119, F.S. The information	s, that all fees nation indicated

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September 25th 2009

Division of Corporations, Clifton Building, 2661 Executive Center Circle, Tallahasse, Fl 32301

Dear Sirs,

Ref: Gaby's Catering Service Inc.

Number: P06000001686

With reference to your letter dated August 27th 2009, I would be most grateful if you would please waive re-instatement and late fees since I did not receive the original/second notices annual report filing forms. Thanking you for your kind response.

Sincerely,

Rupdan Vina Grimaldi Rupdai Nina Grimaldi 10297 NW 57 terrace

Miami, Forida 33178

305-226-5260