

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 APR -1 PM 4:09

DOCUMENT #

1. Corporation Name

PO6000060407
ASPIRE CATERING & EVENTS, INC

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

6300 SW 5th Street

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

Zip

Country

Suite, Apt. #, etc.

City & State

Zip

Country

Zip

Country

Plantation, FL

33317

USA

7. Name and Address of Current Registered Agent

Name

Elaina Moran

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

6300 SW 5th ST

Suite, Apt. #, Etc.

City

Plantation, FL

State

FL

Zip Code

33317

4. Date Incorporated or Qualified
To Do Business in Florida

4-27-06

5. FEI Number

54-2069205

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75

☒ 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

Elaina Moran

REGISTERED AGENT MUST SIGN

Date 3/18/09

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
Mr.	Michael Moran	same as above	
Mrs.	Elaina Moran	Same as above	

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:

Elaina Moran

Owner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-09

Date

Daytime Phone #

954
2966928