

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 OCT 15 AM 8:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P06000069616</b> 1. Entity Name <b>ARISTOCRAT CATERING, INC.</b>					
Principal Place of Business <b>22615 SW 66TH AVE. UNIT 107 BOCA RATON, FL 33428</b>			Mailing Address <b>22615 SW 66TH AVE. UNIT 107 BOCA RATON, FL 33428</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. <b>N/A</b>		3. Mailing Address <b>22615 SW 66th</b> Suite, Apt. #, etc. <b>107</b>			
City & State <b>N/A</b>		City & State <b>Boca Raton, FL</b>		4. FEI Number <b>20-4867295</b>	
Zip <b>N/A</b>		Zip <b>33428</b>		Country <b>U.S.A</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>SITNICK, STEVE 5654 GREEN ISLAND DRIVE LAKE WORTH, FL 33463</b>			7. Name and Address of New Registered Agent Name <b>N/A</b> Street Address (P.O. Box Number is Not Acceptable) <b>N/A</b> City <b>N/A</b>		
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 <b>N/A</b> <b>N/A</b> <span style="float: right;">DATE</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$750.00</b> <b>After January 1, 2008, Fee will be \$900.00</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>OVIDE, PAUL</b> <b>22615 SW 66TH AVE., UNIT 107</b> <b>BOCA RATON, FL 33428</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>700110750107</b> <b>10/15/07--01003--003 **750.00</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>VP</b> <b>ROSEME, RENE</b> <b>189 HEMMING WAY</b> <b>BOYNTON BEACH, FL 33426</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <b>Ovide Paul</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>10/19/07</b> <b>789-8471</b> <small>Daytime Phone #</small>		

10/16/07