

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000073768

1. Entity Name
FAMIGLIA CATERING SERVICES, INC.



Principal Place of Business
20652 NW 27TH AVE
BOCA RATON, FL 33434

Mailing Address
20652 NW 27TH AVE
BOCA RATON, FL 33434

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

10162073768 (2/28/07)

REINSTATEMENT

4. FEI Number

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

TRIBUNELLA, ANTHONY
20652 NW 27TH AVE
BOCA RATON, FL 33434

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2008, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
TRIBUNELLA, ANTHONY
20652 NW 27TH AVE
BOCA RATON, FL 33434 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
000111014909 ☐ Change ☐ Addition
10/19/07--01053--022 **150.00

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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:

Anthony Tribunella
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

07 OCT 18 AM 10:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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376-7031