

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000033839

FILED
Oct 22, 2009
Secretary of State

Entity Name: FOR THE LOVE OF FOOD CATERING, INC.

Current Principal Place of Business:

1601 SW 11 TERRACE
MIAMI, FL 33135

New Principal Place of Business:

450 GRAPETREE DR
314
KEY BISCAVNE, FL 33149

Current Mailing Address:

1601 SW 11 TERRACE
MIAMI, FL 33135

New Mailing Address:

450 GRAPETREE DR
314
KEY BISCAVNE, FL 33149

FEI Number: 86-1119474

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRETRE, ALINA
1601 SW 11 TERRACE
MIAMI, FL 33135 US

Name and Address of New Registered Agent:

FRETRE, ALINA
450 GRAPETREE DR
314
KEY BISCAVNE, FL 33149 US

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.

SIGNATURE: ALINA M FREYRE

10/22/2009

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: FREYRE, ALINA
Address: 1601 SW 11 TERRACE
City-St-Zip: MIAMI, FL 33135

Title: VP () Delete
Name: FREYRE, ALINA
Address: 1601 SW 11 TERRACE
City-St-Zip: MIAMI, FL 33135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: FREYRE, ALINA
Address: 450 GRAPETREE DR #314
City-St-Zip: KEY BISCAVNE, FL 33149

Title: VP (X) Change () Addition
Name: FREYRE, ANDRE
Address: 450 GRAPETREE DR #314
City-St-Zip: KEY BISCAVNE, FL 33149

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALINA M FREYRE

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10/22/2009

Electronic Signature of Signing Officer or Director

Date