

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 JAN -3 PM 12:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P09000051345

1. Corporation Name

Fiorella's Catering Inc.

900189323449
01/04/11--01017--015 **500.00

900189323449
01/04/11--01017--014 **250.00

CR2E081 (6/10)

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

10711 SW 216 Street

3. Mailing Office Address

10711 SW 216 Street

Suite, Apt. #, etc.:

104

Suite, Apt. #, etc.:

104

City & State

Miami

City & State

Miami

Zip

33170

Country

USA

Zip

33170

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/12/2009

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
PULLEN, FABIOLA G

Street Address (P.O. Box Number is Not Acceptable)
10711 SW 216 Street

Suite, Apt. #, Etc.

104

City
Miami

State
FL

Zip Code
33170

REINSTATEMENT 10

A 1/14/11

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 12/28/10

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
P	James C. Rothfuss	25927 SW 132 Ct.	Homestead, FI 33032
VP	Fiorella S. Filipuzzi	25927 SW 132 Ct	Homestead, FI 33032
T	Ivan Rodriguez	25927 SW 132 Ct	Homestead, FI 33032
S	PULLEN, FABIOLA G	25927 SW 132 Ct	Homestead, FI 33032

10. E-mail Address:

(To be used for future annual report notification)

11. 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. I further certify 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/28/10
Date

Daytime Phone #