

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

96 NOV 22 AM 10:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *P93000030520*

1. Corporation Name  
*MILLAN'S CATERING SERVICES, INC.*  
*8-25-95*

700002014477--3  
-11/26/96--01104--028  
\*\*\*\*575.00 \*\*\*\*575.00

Mailing Address  
*1041 Plover Ave.*  
*Miami Springs, FL 33166*  
Principal Place of Business  
*4000 W. 11 Lane*  
*Hialeah, FL 33012*

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Mailing Address, If Applicable  
*4000 W. 11 Lane*  
Suite, Apt. #, etc.  
City & State  
*Hialeah, FL*  
Zip  
*33012* Country  
*U.S.A.*  
3. New Principal Office Address, If Applicable  
*1041 Plover Ave*  
Suite, Apt. #, etc.  
City & State  
*Miami Springs, Fla.*  
Zip  
*33166* Country  
*U.S.A.*

DO NOT WRITE IN THIS SPACE  
4. Date Incorporated or Qualified To Do Business in Florida  
*4-26-93*  
5. FEI Number  
*65-0403750*  
6. CERTIFICATE OF STATUS DESIRED ☐ Applied For ☐ Not Applicable ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DPS	<i>Isela Millan</i>	<i>1041 Plover Ave</i>	<i>Hialeah, FL 33013</i>
DVT	<i>Rooney Millan</i>	<i>1041 Plover Ave</i>	<i>Hialeah, FL 33013</i>

REINSTATEMENT *1996*  
*A. Blum*  
*11-22-96*

8. Name and Address of Current Registered Agent

*Isela Millan*  
*1041 Plover Ave.*  
*Miami Springs, FL 33166*

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City  
State **FL** Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *[Signature]*  
REGISTERED AGENT MUST SIGN

Date *3/17/96*

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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

*2/20/96*  
*885-3767*  
Date Daytime Phone #