

1052

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 14 PM 1:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000030520

1. Corporation Name

MIAMI CATERING SERVICES, INC.
1041 PLOVER AVENUE #284
MIAMI SPRING, FL. 33166

2. Principal Office Address

8004 N.W. 154th
Suite, Apt. #, etc.
#284

City & State

MIAMI LAKES, FL.

Zip

33016-5814 USA

3. Mailing Office Address

8004 N.W. 154th
Suite, Apt. #, etc.
#284

City & State

MIAMI LAKES, FL.

Zip

33016-5814 USA

REINSTATEMENT 03-04

500032614715

04/13/04--01071--001 **150.00

03/20/03 90096 043 \$150.00

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

65-0407750

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

IRIS M. MILLAN

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

8004 N.W. 154th

Suite, Apt. #, Etc.

#284

City

MIAMI LAKES

State

FL

Zip Code

33016-5814

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

REGISTERED AGENT MUST SIGN

Date

4-12-04

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
<u>P/D</u>	<u>IRIS M. MILLAN</u>	<u>8004 N.W. 154th</u>	<u>MIAMI LAKES, FL. 33016</u>

10. 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, and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-12-04

Daytime Phone #

CR2E081 (01/04)



8004 NW 154th Street #284
Miami Lakes, Florida 33016

April 12, 2004

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Ref.: P93000030520

Gentlemen:

Attached to the present please find Check # 2042 for U.S.\$ 150.00 for the annual report for the year 2004. On March 17, 2003 we sent you with our check 1452 (which you are showing in your records) 150.00 for the annual report.

Since we did not receive any correspondence from your department we request that you waive the 600.00 fee in order to reinstate the corporation.

We are also enclosing a corporation reinstatement form again in order that your department changes the information.

With no further matters for the moment, I remain.

Sincerely yours,

Isela Millan
President.