

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2008 MAR -5 PM 2:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000043470

1. Corporation Name

Catering Associates, Inc.

100121198881  
03/25/08--01022--011 \*\*458.75

REINSTATEMENT

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

429 Lenox Ave

3. Mailing Office Address

429 Lenox Ave

Suite, Apt. #, etc.

Miami Beach

Suite, Apt. #, etc.

City & State

Miami Beach FL

City & State

Miami Beach FL

Zip

33139

Country

Zip

33139

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

6/6/1995

5. FEI Number

650586134

☒ 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

Frank Brooks

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

429 Lenox Ave

Suite, Apt. #, Etc.

City

Miami Beach

State

FL

Zip Code

33139

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Frank Brooks

Date 2/28/08

REGISTERED AGENT MUST SIGN

**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
Pres.	Jacquelyn Williams	5327 Northfield Rd.	Bedford Hts OH 44146

100121198881  
03/25/08--01022--011 \*\*450.00

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 contained in Chapter 119, 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:

Jacquelyn Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-08

Date

Daytime Phone #

B. Mitchell MAR 5 2008