

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P95000048090

1. Entity Name
EMERALD CATERING, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR -1 AM 11:30

Principal Place of Business
1701 WASHINGTON AVENUE
MIAMI BEACH, FL 33140

Mailing Address
1701 WASHINGTON AVENUE
MIAMI BEACH, FL 33140

REINSTATEMENT 05-06



2. Principal Place of Business

1200 Normandy Dr.
Suite, Apt. #, etc.

3. Mailing Address

1200 Normandy Dr.
Suite, Apt. #, etc.

02062006 REIN-P CR2E098 (11/05)

City & State
Miami beach, fl.
Zip 33141
Country Dade

City & State
Miami, fl.
Zip 33141
Country Dade

4. FEI Number
65-0609586
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, DOMINGO
2720 SW 19 TERR
MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Mark Hayes*
Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-11-06
DATE

FILE NOW!!! FEE IS \$300.00

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

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME HAYES, MARK
STREET ADDRESS 3001 PRARIE AVE
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE V ☐ Delete
NAME GONZALEZ, DOMINGO
STREET ADDRESS 2720 SW 19 TERR
CITY-ST-ZIP MIAMI, FL 33145

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 100067945891
CITY-ST-ZIP 03/16/06--01006--034 **308.75

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mark Hayes U.P.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-06 305-868-8665
Date Daytime Phone #