PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

→Secretary of State

DIVISION OF CORPORATIONS

P96000050372 DOCUMENT

1. Corporation Name

CATER II, INC.

Principal Place of Business

6998 NW HWY 27

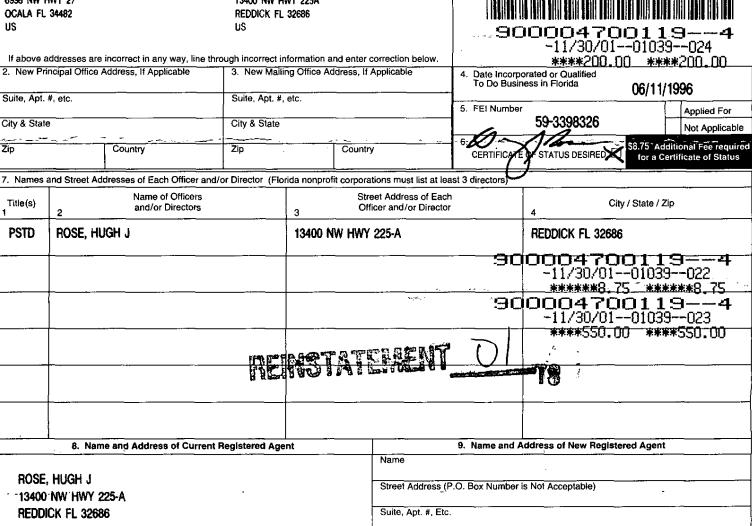
Mailing Address

13400 NW HWY 225A REDDICK FL 32686

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



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 Agen

REGISTERED AGENT MUST SIGN

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 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.

City

INTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNAZURE AND TYPED OF

10-12-0) 352-59/-4800 Date Daytime Phone #

State Zip Code