PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
~~REINSTATEMENT~~

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 JUL 23 PM 1:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000027364

1. Corporation Name

Torrellas Catering & Party Rentals, Inc.

W01000010459

1999-2001 UBR

2. Principal Office Address	**3.** Mailing Office Address
12204 SW 131 Ave	
Suite, Apt. #, etc. —	Suite, Apt. #, etc.
City & State: Miami, FL	City & State
Zip: 33186 Country: Miami-Dade	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 3/19/1997

5. FEI Number: 65-0764116 ☐ 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: Sonia E. Torrellas

Street Address (P.O. Box Number is Not Acceptable): 14226 SW 103 Terrace

Suite, Apt. #, Etc.:

City: Miami State: FL Zip Code: 33186

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****458.75 ****308.75

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: [signature] Date: 4-17-01

REGISTERED AGENT MUST SIGN

CR2E081 (9/99)

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
P	Sonia E. Torrellas	14226 SW 103 Terrace Miami, FL 33186	
VP	Alirio E. Torrellas	14226 SW 103 Terrace Miami, FL 33186	

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] 4-17-01 305-251-7370

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #