Pagelon

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF STATE

COR	PORATION 1	Kathe Secret	RTMENT OF STATE rine Harris ary of State CORPORATIONS	FILE1 01 NOV 30 P	ዝ 1: 25
DOCU 1. Corporat	JMENT# P970000	50467		SECRETARY OF TALLAHASSEE, I	
	e Best Of The Best	t Catering,			
2737 Lafayette St.		2737 Lafayette St.			
City & State  Ft. Myers, Florida		City & State  Ft. Myers, Florida		5. FEI Number	06/09/1997 Applied For
Zip	Country	Zip	Country	59-3481257	Not Applicable
3391	5 U.S.A.	33916	U.S.A.	6. CERTIFICATE OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status
		7. Name and	Address of Current Regist	ered Agent	
<i>.</i>	Name  Manuel Espinoza  Street Address (P.O. Box Number is Not Acceptable)  2737 Lafayette Street  Suite, Apt. #, Etc.			9000047 -12/13/0 ****300	na manina man
a.	City Ft. Myers, l	?lorida		State Zip Code FL 339	16

5. I, being appointed the registered agent of t	the above named corporation, am familiar with and accept the ob-	digations of section	607.0505 or 617.0503, F.S.
Signature of Registered Agent	REGISTERED AGENT MUST SIGN		Date 10-24-01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director Titles City / State / Zip 4726 S.W. 24th. Place Cape Coral, FL. 33914 V.P. Manuel Espinoza 4197 West 10th. Avenue Hialeah, FL 33012 Pres Juan J. Chirino 4835 S.W. 18th. Avenue Cape Coral, FL. 33914 Kingston Thompson Secty

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 aliminated, 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:

(E) A Grung 4
IGNATUSE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-24-01

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## Cossentino & Orlando

Accountants 1402 Cape Coral Parkway Cape Coral, Florida 33904 (941) 945-4939 Fax (941) 945-4938

October 26, 2001

AT to ward

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: The Best of the Best Catering Corp. P97000050467

## Dear Annette Ramsey,

I am the accountant for the above mentioned client. In September of 2001, we found out that this corporation needed to be reinstated. My client and his partners assumed that his prior accountant took care of this matter since they made checks out to Department of State, and gave it to their accountant to file with the form. We have now found out that the year 2000 and 2001 were not filed! We contacted the State immediately, and informed them of this situation. They told us to send in the \$300.00 and they would waive the reinstatement fee, explaining all this in our letter.

Please process this application and check, and it would be greatly appreciated if we can be reinstated as soon as possible.

Thank you,

Salvatore J. Cossentino