

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAY -6 AM 8:00

DOCUMENT # 997000051230

1. Corporation Name

S. W. Caterers, Inc.

2. Principal Office Address

2980 Cargo St

Suite, Apt. #, etc.

City & State

Ft Myers, FL

Zip

33916

Country

US

3. Mailing Office Address

2980 Cargo St

Suite, Apt. #, etc.

City & State

Ft Myers, FL

Zip

33916

Country

US

REINSTATEMENT

02-04-
MRS

4. Date Incorporated or Qualified

To Do Business in Florida 06/09/1997

5. FEI Number

650757594

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

Stephen Disclafani

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

2980 Cargo St

Suite, Apt. #, Etc.

City

Ft Myers

State
FL

Zip Code
33916

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

Stephen Disclafani

REGISTERED AGENT MUST SIGN

Date 04/21/04

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
PD	Disclafani, Stephen	2980 Cargo St	Ft Myers, FL 33916
ST	Deana, Rubin A	2980 Cargo St	Ft Myers, FL 33916
VPD	Disclafani, Nancy L	2980 Cargo St	Ft Myers, FL 33916

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:

Stephen Disclafani

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/21/04

Date

239-292-6233

Daytime Phone #

CR25081 (01/04)