

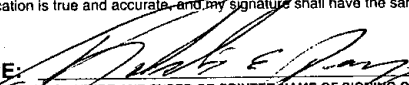


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P970000 73090			
1. Corporation Name NUTRI-CARE CATERING, INC			
2. Principal Office Address 7165 SW 47 ST #312 Suite, Apt. #, etc. # 312 City & State MIAMI FL Zip 33155 Country U.S.A		3. Mailing Office Address 7165 SW 47 ST #312 Suite, Apt. #, etc. # 312 City & State MIAMI FL Zip 33155 Country U.S.A	
		4. Date Incorporated or Qualified To Do Business in Florida 8/22/1997	
		5. FEI Number 65-0844352 Applied For Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name ROBERTO EMILIO PEREZ		200004617462-7 10/01/01-01030-008 ***1058.75 ***1058.75	
Street Address (P.O. Box Number is Not Acceptable) 3411 SW 64 AVE			
Suite, Apt. #, Etc.			
City MIAMI FL		State FL	Zip Code 33155
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 		Date 9-17-01	
REGISTERED AGENT MUST SIGN			
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	ROBERTO E PEREZ	3411 SW 64 AVE	MIAMI FL 33155
VD	EVANGELINA PEREZ	3411 SW 64 AVE	MIAMI FL 33155
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 filling 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: 		Date 9-17-01 / 20666-0319	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

99-01

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