

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P97000073090**

1. Corporation Name

**NUTRI-CARE CATERING, INC.**

Principal Place of Business

Mailing Address

7165 S.W. 47TH STREET  
#312  
MIAMI FL 33155

7165 S.W. 47TH STREET  
#312  
MIAMI FL 33155

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

08/22/1997

5. FEI Number

65-0844352

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	PEREZ, ROBERTO E	3411 S.W. 64TH AVENUE	MIAMI FL 33155
VD	PEREZ, EVANGELINA	3411 SW 64TH AVE	MIAMI FL 33155

300037731133  
06/07/04--01070--012 \*\*908.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PEREZ, ROBERTO E  
3411 SW 64TH AVE  
MIAMI FL 33155

Name

*Lisette Cerdan - Perez*

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

*8857 SW 96 AVENUE*

Suite, Apt. #, Etc.

City

*MIAMI*

State

*FL*

Zip Code

*33176*

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Lisette Cerdan - Perez*  
REGISTERED AGENT MUST SIGN

Date

*06/01/2004*

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.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*6-1-07*

Daytime Phone #

FILED  
04 JUN -2 PM 3:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-34

CR2E040 (7/03)