PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS			tate	12 \	AN-3 AM II: 36			
DOCUMENT # P98000025448 1. Corporation Name A Catered Affair of South Florida, INC.								j Aŭ		
Principal Office Address - No P.O. Box # 18027 Rhumba Way Suite, Apt. #, etc.				3. Mailing Office Address 18027 Rhumba Way Suite, Apt. #, etc.			ay	REINSTATEMENT 2011		
· · · · · · · · · · · · · · · · · · ·				1				4. Date Incorp	porated or Qualified ness in Florida 03/18/19	OΩ
City & State Boca Raton, FL				Boca Raton, FL			•	5. FEI Numbe 65082297	Г	Applied For ✓ Not Applicablé
Zip 33496	496 Country United States			^{Zip} 33496		Countr	ted States	_		Additional Fee required a Certificate of Status
7. Name and Address of Current Registered Agent										
Brenda Turnbull								300215820173 01/03/1201042012 **8.75		
Street Address (P.O. Box Number is Not Acceptable) 18027 Rhumba Way										
Suite, Apt. #, Etc.								300215820173 01/03/1201042011 **750.00		
City Boca Raton						State FL	Zip Code 33496			
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the ob- Signature of Registered Agent MUST SIGN								Date 12/29/2011		
9. Names	and Street A	ddresses	of Each Officer and	l/or Director (Flori	ida nonpro	ofit corpo	orations must list at l	east 3 directors)		
Titles			Street Address of Each Officer and/or Director							
Title D	Ricard	T ob	urnbull	18027 Rhumba V			Rhumba V	Vay Boca Raton, FL 33496		
										
L										
10. E-mail Address: bbt13@comcast.com (To be used for future annual report notification)										
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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am dware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. SIGNATURE: 12/29/2011 561-477-5000										
- / ** *		<u> </u>	SIGNATURE AND	TYPED OR PRINTE	D NAME OF	F SIGNIN	G OFFICER OR DIREC	TOR	Date	Daytime Phone #

21