

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 MAY 18 PM 1:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **p98000034054**

1. Corporation Name
Southern Experience Catering Inc.

2. Principal Office Address
5400 NW 22nd Ave

3. Mailing Office Address
SAME

Suite, Apt. #, etc.
Caleb Center Cafeteria

Suite, Apt. #, etc.

City & State
Miami, FL

City & State

Zip Country
33142 USA

Zip Country

REINSTATEMENT 99-00
05/05/99 90235 015 \$150.00

4. Date Incorporated or Qualified
To Do Business in Florida **9/13/99**

5. FEI Number **65-0828256**
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 **John Townson**

500003342935-3

Street Address (P.O. Box Number is Not Acceptable)
7940 West Drive

~~08/01/00~~ ~~01087~~ ~~129~~
******758.75 ****758.75**

Suite, Apt. #, Etc.
Apt 2

City
North Bay Village

State Zip Code
FL 33141

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 **John Townson**

Date **5/9/00**

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
11/1 P/D	John Townson	7940 West Drive Apt 2	N. Bay Village, FL, 33141

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: **John Townson**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/9/00
Date

305-636-0840
Daytime Phone #

CR2E081 (9/99)