	!	PLEASE	READ A	ALL INST	RUCTIONS	BEFORE C	OMPLET	ING THIS FORM.		
APPLICATION FOR			FLORIDA	A DEPARTMEN Katherine Ha	rris	gentelj led nastrej	FILED			
DEINGTATEMENT XXXXX					Secretary of State , sion of corporations		99 DEC - 1 AM 8: 44			
DOCUMENT # PRODOCO 1786 1. Corporation Name								SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Marc Jeffries Catering, Irc.								MELANASSEC, PLUNIDA		
Principal Place of Business Mailing Address					. —	6				
3824 Jay-toad				S854 Joy Koad						
Cream Adres, FL Great Acres, FL						467	DEIMO	STATERAENT ()	a	
		incorrect in an		ugh incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable			REINSTATEMENT 99			
Suite, Apl	#, etc.			Suite, Apt. #, etc.			To Do Busineas in Florida 6.10.98			
City & State				City & State			5. FEI Number	インルマグ - - - - - - - - -	Applicable	
Žφ		Country		Žip	Countr	y .	6. CERTIFICATI	E OF STATUS DESIRED	e di salah sal Salah salah sa	
Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations in										
Title(s) Name of Officers and/or Directors			Street Address of Eac Officer and/or Directo 3 (Do NOT Use Post Office Box				City / State / Zip			
Treaching	Prida	+ Da	r Skai	den	1271LE NU	JESHER	<u></u>	Sunnse, PL, 3832	3	
1.165	7 1100									
TRUE THEY Marc Sternsheln JOHN NW !						D 1221	ec.	Sunrise, PL 33323) 	
						<u> </u>				
		·	·				סמ	0003069500- -12/14/990107400	_	
								*****750.00 *****750	0.00	
	8. Nam	e and Addres	s of Current F	legistered Age	int	T	9. Name and /	Address of New Registered Agent		
	8. Name and Address of Current Registered Agent Name Name							y Marc Steinshein		
Stre						1 ·	Street Atdress (P.O. Box Number is Not Acceptable) Suite Ant. # Etc.			
Suite, Apt. #, Etc.										
			1			Sunrise	2	State Zip Code		
10 I being Signature o Registered	ol .	e registered ac			oration, am familiar w	ith and accept the o	bligations of Sect	on 607.0505, F.S. Date		
			wes the	current y	ear le June 30.	Yes	□ No.E	(See other side for information inlangible tax.)	ion	
12. I certify this rein: owed by	that I am an onstatement apply the corporat	officer or direct plication, the re ion have been	or or the receiveson for disso paid and the r	rer or trustee en lution has been arnes of individ	npowered to execute eliminated, the corpo	this application as p trate name satisfies m do not qualify for	rovided for in chi the requirements an exemption un	apter 607 or 617, F.S. I further certify that while of section 607.0401 or 617.0401, F.S., that der section 119.07(3)(i), F.S. The information	all lees	
		1			2		11_	_	ພາ	
SIGNAT	TURE:	GNATURE AND	TYPED OR PRI	TED NAME OF	SIGNING OFFICER OR	DIRECTOR		21-91 95Y-557-Y C		