


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P98000101073**

1. Corporation Name

KHALIDA'S CATERING SERVICES, INC.

Principal Place of Business

4134 GULF OF MEXICO DRIVE, SUITE 302
LONGBOAT KEY FL 34228

Mailing Address

4134 GULF OF MEXICO DRIVE, SUITE 302
LONGBOAT KEY FL 34228

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

11/30/1998

5. FEI Number

65-0885784

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
D	HUSSAIN, BARKET	4134 GULF OF MEXICO DRIVE, SUITE	LONGBOAT KEY FL 34228

8000004733258--2
-12/13/01--01065--011
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HUSSAIN, BARKET
4134 GULF OF MEXICO DRIVE, SUITE 302
LONGBOAT KEY FL 34228

Name

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

Suite, Apt. #, etc.

State
FL

Zip Code

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.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/14/2001

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-14-01

Daytime Phone #

661-323-2169

CR2E040 (8/01)

202
KHALID AS CATERING SERV INC
96 BMW ACCOUNTING
220 18TH ST
BAKERSFIELD, CA 90301
(661) 633-0524

Nov 14 2001


Doc No P98000101073

FLORIDA DEPT OF STATE
KATHERINE HARRIS
SECRETARY OF STATE
DIVISION OF CORPORATIONS

WE ARE REQUESTING YOUR REMOVAL ^{of} THE
LATE PENALTY AND REINSTATEMENT FEE FROM THIS
CORPORATION BECAUSE WE DID NOT RECEIVE
OUR 2001 CORPORATION FORM, UNTIL NOW
WE RECEIVED YOUR REINSTATEMENT APPLICATION.

Thank you

Enclosed is our check for 150.00
Per your instruction


-HUSSAIN - BARKET-