

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUL 16 PM 1:29

DOCUMENT # P98000107812

1. Corporation Name

RITA'S CATERING AND RESTAURANT SUPPLIES, INC.

2. Principal Office Address

3048 SW Martin Downs Blvd.

Suite, Apt. #, etc.

City & State

Palm City, FL

Zip

34990

Country

United States

3. Mailing Office Address

3048 SW Martin Downs Blvd.

Suite, Apt. #, etc.

City & State

Palm City, FL

Zip

34990

Country

United States

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

12-28-98

5. FEI Number

65-0890060

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ **SP**

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Alberto Melgiovanni

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

3048 SW Martin Downs Blvd.

Suite, Apt. #, Etc.

City

Palm City

State

FL

Zip Code

34990

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

Alberto Melgiovanni

REGISTERED AGENT MUST SIGN

Date 07-03-2001

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
P/D	Alberto Melgiovanni	3048 SW Martin Downs Blvd.	Palm City, FL 34990

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)(f), 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:

Alberto Melgiovanni

ALBERTO MELGIOVANNI GEN. MANAGER

07-03-2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #