

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 OCT 19 AM 11:30
RECEIVED
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P99000055754

1. Corporation Name

FLORIDA CATERING-SERVICES, INC.

2. Principal Office Address

11865 SW CORAL WAY

Suite, Apt. #, etc.

E-1

City & State

MIAMI, FLORIDA

Zip

33175

Country

USA

3. Mailing Office Address

8600 NW 70 STREET

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33166

Country

USA

REINSTATEMENT 03-05

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

06-18-1999

5. FEI Number

65-0937623

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

REINALD RUIZ

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

11865 S/W/ CORAL WAY

Suite, Apt. #, Etc.

E-1

City

MIAMI

State

FL

Zip Code

33175

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

Date 10-17-2005

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
PD	JESUS GUEVARA	8600 NW 70 STREET	MIAMI, FL 33166
VP	REINALD RUIZ	11865 SW CORAL WAY	
		STE. E-1	MIAMI, FL 33175

400061074334

11/01/05--01049--012 **1050.M

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-17-2005 (305) 490-5397

Date

Daytime Phone #

B. Mitchell 202 100 0000