

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 JUN -6 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDACORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000066482

1. Corporation Name

CATERING PARTNERS, INC.

2. Principal Office Address

2438 2nd ST

Suite, Apt. #, etc.

City & State

Fort Myers, FLA

Zip

33901

Country

USA

3. Mailing Office Address

P.O. Box 151154

Suite, Apt. #, etc.

City & State

CAPE CORAL, FLA.

Zip

33915-1154

Country

USA

REINSTATEMENT

02-06

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

07/20/1999

5. FEI Number

593640284

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

Agents and Corporations, Inc.

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

773 4th Avenue N.

Suite, Apt. #, Etc.

Suite E

City

Naples

State

FL

Zip Code

34102

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

David J. Williams

Date 6/1/06

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
Pres.	La Jean Fogarty	2438 2nd ST.	Fort Myers, FLA., 33901

100076210051

06/15/06-01003-011 **776.25

JL 6/12

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 contained in Chapter 119, 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:

La Jean Fogarty

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/31/06-678-267-5452

Date

Daytime Phone #

La Jean Fogarty

5/31/06-678-267-5452

June 1, 2006

LaJean Fogarty
P.O. Box 151154
Cape Coral, FLA 33915-1154

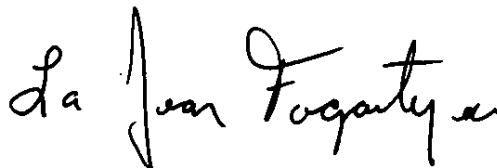
Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FLA 32301

To Whom It May Concern:

Please find enclosed a check for \$776.25 - \$750.00 for the reinstatement fee per a conversation via phone and \$26.25 for three (3) Certificates of Status.

Neither E. Kevin Bennington nor I received annual report notices in the year of dissolution/revocation.

Thank you.

 5/31/06

LaJean Fogarty
678-267-5452