PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
06 JUN -6 AM 10: 36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P990000 66482

1. Corporation Name
CATERING PARTNERS, INC.

REINSTATEMENT 02-06

CR2E081 (12/05)

2. Principal Office Address	3. Mailing Office Address
* 2438 2nd ST	P.O. Box 151154
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fort Myers, FLA	City & State: CAPE CORAL, FLA.
Zip: 33901 Country: USA	Zip: 33915-1154 Country: USA

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 R Williams Date: 6/6/06

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.	LaJean Fogarty	2438 2nd ST.	Fort Myers, FLA., 33901

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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 5/31/06 678-267-5452

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 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.

La Jean Fogarty 5/31/06

LaJean Fogarty
678-267-5452