## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT	#
Corporation Name	

V07726

DI SALVO & SONS CATERING, INC.

FILED 97 HAY 14 PH 2: 00 SECRETARY OF STATE

					•		.010,011	
Principal P	lace of Business	Mailing Addr	ess			111 SB(1) - BBL 18B0 B 14B1 B G(1) B1B1	t diani didir didir delerakan	
		ne island road n Fl 33322						
				ţ	DEINS.	TATEMEN	164	
	iddresses are incorrect in any way, line th				UPINA	1111 mp.		
		iling Office Address, if Applicable  Yo Y'L AVE  #, etc.		Date Incorporated or Qualified     To Do Business in Florida     01/21/1992				
Suite, Apt. #, etc. Suite, Apt.				5. FEI Number	····	<del></del>		
City & Stat	θ	City & State			5. FEI NUMBER	65-0318896	Applied For Not Applicable	
Houywood PL Hous		Houy	1WOOD FL		6.		88.75 Additional Fee required	
"330	Al USA	3300	21 Ju	J's A	CERTIFICATE	OF STATUS DESIRED	for a Certificate of Status	
7. Names	and Street Addresses of Each Officer an	d/or Director (Flo						
Trile(s)	Trile(s)  Name of Officers and/or Directors		Street Address of Each Officer and/or Director  (Do NOT Use Post Office Box Numbers)		r	City /	State / Zip	
	DI SALVO-RALPH		-5510 GW 178		1101100157	ET LAUDEDDALE EL		
	DI OTATO, INDICTION		ייסט עו כסיי			11. 01000.070211		
8 DISALVO, STEVE			-2400 COLUMBUS WAY			COOPER CITY FL		
		109735W37MANOR			DAVIE, FL 33316			
S DISALVO, ANTOMETTE			1561 SW 119 TERR.			DAVIE / 12 33335		
			<u> </u>		<b>5</b> 0	000218	<del>18051</del>	
						-05/20/97~-   _#***915.00	DID43012   ****915.00	
			<u> </u>		X	Mulab	7	
						71111004	/	
	8. Name and Address of Curren	t Registered Ag	ent	Name	9. Name and address of New Registered Agent			
PIFE	TER, LOUIS J.			1	9200 J	TEVE		
	4801 S. UNIVERSITY DRIVE			Street Address (	Street Address (P.O. Box Aumber is Not Acceptable)			
SUITE 306 Sulte, Apt. #, Etc.								
FORT LAUDERDALE FL 33328					<del>. • • · · · · · · · · · · · · · · · · · </del>	St	ate Zip Code	
				DAVI		F	L 333/6	
10. I, bein	g appointed the registered agent of the al	pove named corp	oration, am familiar	with and accept the c	obligations of Secti	on 607.0505, F.S.		
Signature d Registered	Agent	Jak			*****	Date	<u> </u>	
		······································	GENT MUST SIGN		·····		······································	
11. Do	pes this corporation pay ept. of Revenue under S	any intang . 199.032,	gible tax to Florida Sta	the atutes. Yes	W No [		side for information stangible tax.)	
12   cartifi	r that I am an officer or director or the rec	eiver or trustee e	mnowared to execu	ite this application as	provided for in cha	inter 607 or 617 FS 154th	her certify that when filing	
this rei	instatement application, the reason for dis the corporation have been paid and the	solution has been	n eliminated, the co	rporate name satisfier	the requirements	of section 607.0401 or 611	7.0401, F.S., that all fees	
	application is true and accurate, and my					aci socioni i restrito/(i), Fi	- THE BROTHWILM HOUSE	

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR