

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. **FILED**

2008 MAR -5 PM 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000043470**

1. Corporation Name

Catering Associates, Inc.

100121198881
03/25/08 01022-011 **458.75

2. Principal Office Address - No P.O. Box #

429 Lenox Ave

3. Mailing Office Address

429 Lenox Ave

Suite, Apt. #, etc.

Miami Beach

Suite, Apt. #, etc.

City & State

Miami Beach FL

City & State

Miami Beach FL

Zip

33139

Country

Zip

33139

Country

REINSTATEMENT CR2E081 (12/07)

4. Date Incorporated or Qualified To Do Business in Florida

6/6/1995

5. FEI Number

650586134

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

Frank Brooks

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

429 Lenox Ave

Suite, Apt. #, Etc.

City

Miami Beach

State

FL

Zip Code

33139

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Frank Brooks

Date

2/28/08

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.	Jacquelyn Williams	5327 Northfield Rd.	Bedford Hts OH 44146

100121198881
03/25/08 01022-011 **450.00

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:

Jacquelyn Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-08

Date

Daytime Phone #