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Certified Copies	Certificates	of Status
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RESTAURANT ASSOCIATES

Memo

To: Bill Edrington

From: Kristine Pollicino

Date: 1/14/03

Re:

Qualification or RA Events Corp. in Florida

CHLED W 10'39

As we discussed, please arrange for CSC to sign the above application, and remit the enclosed (including the check and good standing certificate) to Florida in the prepared Federal Express envelope. Please call me at 212-789-8183 if you have any questions. Thank you.

TRANSMITTAL LETTER

	stration Section sion of Corporations					
	DECTAUDANT ACCOCIATE CUENTO CODO					
SUBJECT:	(Name of corporation - must include suffix)					
Dear Sir or M	Madam: I "Application by Foreign Corporation for Authorization to Transact Business in Florida",					
"Certificate of	of Existence", and check are submitted to register the above referenced foreign corporation usiness in Florida.					
Please return	all correspondence concerning this matter to the following:					
Kristine F	Pollicino					
	(Name of Person)					
c/o Resta	aurant Associates					
	(Firm/Company)					
120 Wes	st 45th Street					
_	(Address)					
New Yor	k, NY 10036					
	(City/State and Zip code)					
For further in	nformation concerning this matter, please call:					
Kristine P	ollicino at (212) 789-8183					
(Nar	me of Person) (Area Code & Daytime Telephone Number)					
STREET AE Registration S						
Division of C	Corporations Division of Corporations					
409 E. Gaine: Tallahassee, l						
Enclosed is a	check for the following amount:					
□ \$70.00 Fil	ing Fee S \$78.75 Filing Fee & S \$78.75 Filing Fee & S \$87.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy					

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT **BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMI REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIT Restaurant Associates Events Corp. (Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.) New York (State or country under the law of which it is incorporated) (FEI number, if applicable) (Duration: Year corp. will cease to exist or "perpetual") (Date of incorporation) Upon Qualification (Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 120 West 45th Street, New York, NY 10036 (Principal office address) 120 West 45th Street, New York, NY 10036 (Current mailing address) 8. Any lawful purpose (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Corporation Service Company Name: Office Address: 1201 Hays Street Tallahassee (City)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

> (Registered agent's signature) Jacqueline N. Casper Assistant Vice-President

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. -Names and business addresses of officers and/or directors:

A. DIRI	ECTORS			
Chairman			<u> </u>	
Address:				2
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			60	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
_			A S	in o
Director:	Nick Valenti			
Address:	c/o Restaurant Associates	- 11	· ·	
	120 West 45th Street, New York, NY 10036	-= -	7	,
Director:				
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B. OFFI	Nii-te V/-te-sti			
President:	c/o Restaurant Associates		. *	· 1 2 <u>¥</u>
Address:	120 West 45th Street, New York, NY 10036		* 5	
	Distant Chalings			
Vice Presi			+ :	, c , , w
Address: _	c/o Restaurant Associates	<u> </u>		
	120 West 45th Street, New York, NY 10036		<u> </u>	
Secretary:	Laurence Jones			· · · · · · · · · · · · · · · · · · ·
Address: _	c/o Restaurant Associates, 120 West 45th Street, New York, NY 10036			
Treasurer:	John Forrest		·	- <u> </u>
Address:	c/o Restaurant Associates, 120 West 45th Street, New York, NY 10036			-Au-c
1	If necessary, you may attach an addendum to the application listing additional officers a	nd/or	directors	• কিন্তু S.
13 🔾	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the	appl	ication)	
14. La	aurence Jones, Secretary	- *	·	
	(Typed or printed name and capacity of person signing application)			11 11 11

State of New York Department of State

I hereby certify, that the Certificate of Incorporation of RESTAURANT ASSOCIATES EVENTS CORP. was filed on 05/29/1996, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

Witness my hand and the official seas of the Department of State at the City of Albany, this 08th day of January two thousand and three.

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