# F0400001978

(Requestor's Name)	
(requester o riame)	
(Address)	an and a second
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

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#### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

March 30, 2004

LIV NEUMARK 287 SPRING STREET NEW YORK, NY 10013

SUBJECT: GREAT PERFORMANCES/ARTISTS AS WAITRESSES, INC.

Ref. Number: W04000012365

We have received your document for GREAT PERFORMANCES/ARTISTS AS WAITRESSES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Document Specialist

Letter Number: 104A00020725

#### TRANSMITTAL LETTER

Division of Corporations	
	tritists as Writrasses Inc.
	rporation - must include suffix)
Dear Sir or Madam:	
	ion for Authorization to Transact Business in Florida", tted to register the above referenced foreign corporation to
Please return all correspondence concerning this	s matter to the following:
Liv Nzumark	, and the second
	Name of Person)
great Pertormana	
281 Spring St	Firm/Company)
11	(Address)
New York NY 100	13
	y/State and Zip code)
	•
For further information concerning this matter, p	please call:
David Hoffman, CFU at C	112, 337-4846 w 212 127-2424
(Name of Person)	(Area Code & Daytime Telephone Number)
	OHOA OHOA
STREET ADDRESS:	MAILING ADDRESS;
Registration Section Division of Corporations	Registration Section Division of Corporations
409 E. Gaines St.	P.O. Box 6327
Tallahassee, FL 32399	Tallahassee, FL 32314
Enclosed is a check for the following amount:	
□ \$70.00 Filing Fee Certificate of State	

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

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)  2. Nat 13-308895	
(State or country under the law of which it is incorporated) (FEI number, if applicable)	
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")	
6. 71'10 7 (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.)	
7. 181 Spring Street NY N 10013 (Principal office address)	
SIMU (Current mailing address)	
8. Food Service	y 19 Hari 1 Haring
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	To make the second seco
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)	
Name: DRAT Services, Inc	
Office Address: She cast lavk kye	, <u>.</u>
Office Address: Ste Cast Park Lye  Tallahassee , Florida 3230   (City) (Zip code)	. ;
Office Address: She cast lavk kye	city. I

- 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:

Chairman: VV bettl NAU MUVL  Address: Vice Chairman: Louis  Director: Louis Louis  Director: Louis Lou
New York 10013  Vice Chairman:  Address:  Director:  Address:
Vice Chairman:  Address:  Director:  Address:
Address:  Director:  Address:
Address:  Director:  Address:
Address:
Address:
Address:
Director:
Address:
B. OFFICERS
President: Livbeth Neumark
287 Egypty St
Address: NW 10013
Vice President:
Address:
Address:
Treasurer:
Address:
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13.
(Signature of Director of Officer listed in number 12 of the application)
14. VIV DETA NEUMAYI , TYESI GENT (Typed or printed name and capacity of person signing application)

## State of New York Department of State

I hereby certify, that the Certificate of Incorporation of GREAT PERFORMANCES/ARTISTS AS WAITRESSES, INC. was filed on 12/07/1979, 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. I further certify the following:

- A Biennial Statement was filed 06/19/1996.
- A Biennial Statement was filed 12/10/1997.
- A Biennial Statement was filed 02/09/2000.
- A Biennial Statement was filed 12/14/2001.
- I further certify, that no other documents have been filed by such Corporation.



\*\*\*

Witness my hand and the official seal of the Department of State at the City of Albany, this 15th day of March two thousand and four.

Secretary of State

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