

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6384

From: Account Name : C T CORPORATION SYSTEM
Account Number : PCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

RE-SUBMIT
Please retain original filing
date of submission 2/24/09

CORPORATION REINSTATEMENT

PREFERRED MEAL SYSTEMS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	023
Estimated Charge	\$1,200.00

\$600.00

Please waive
Penalty fees
& charge
\$600.00
Thanks

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Corporate Filing Menu

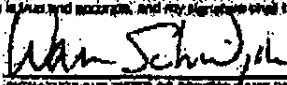
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F05000002049			
1. Corporation Name PREFERRED MEAL SYSTEMS, INC.			
2. Principal Office Address - No P.O. Box 5240 ST. CHARLES ROAD		3. Mailing Office Address 5240 ST. CHARLES ROAD	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State BERKELEY IL		City & State BERKELEY IL	
Zip 60163	Country USA	Zip 60163	Country USA
7. Name and Address of Current Registered Agent Name CT Corporation Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road State, Apt. #, Etc. Plantation State FL Zip Code 33364		4. Date Incorporated or Qualified To Do Business in Florida 04/01/2005 5. FID Number Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED ☐ 7. 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 607.0605 or 617.0605, F.S. Signature of Registered Agent Kelly Snedden REGISTERED AGENT MUST SIGN Asst. Secretary Date 2/24/09			
9. Names and Street Addresses of Each Officer and/or Director (Florida corporate corporations must list at least 3 directors)			
TYPE	Name of Officer and/or Director	Street Address of Each Officer and/or Director	City/State/Zip
PD	ERIC SHELLENBACK	5240 ST. CHARLES ROAD	BERKELEY IL 60163
VPD	HARRY REICHMAN	5600 1ST AVENUE, BLDG C	BROOKLYN NY 11220
S	JOSEPH BISTRITZKY	5600 1ST AVENUE, BLDG C	BROOKLYN NY 11220
T	WARREN SCHMIDGALL	5240 ST. CHARLES ROAD	BERKELEY IL 60163
10. I declare that I am an officer or director of the corporation or trustee empowered to execute this application as provided for in chapters 607 or 617, F.S. I declare under penalty of perjury that the information furnished on this form is true and correct. If the corporation is not a corporation, the corporation must comply with the requirements of chapter 607.0605 or 617.0605, F.S. If not, the corporation must have been organized in the state of Florida and the corporation must have the same legal status as if made under state law.			
SIGNATURE: 		WARREN SCHMIDGALL	2/23/2009 (708) 318-2500
SIGNATURE AND TYPE OF AUTHORIZED OFFICER OR DIRECTOR		Date	Daytime Phone #