Page 2 of 2



# Florida Department of State

Division of Corporations
Public Access System

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000043423 3)))

H09000043423ABCZ

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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 | ~~053~~ |
| Estimated Charge | ~~$1,200.00~~ $600.00 |

Please waive Penalty fees & charge $600.00
Thanks

Electronic Filing Menu Corporate Filing Menu Help

Page 1 of 2

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 FEB 25 PM 4:07

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F06000002049

1. Corporation Name

PREFERRED MEAL SYSTEMS, INC.

B 2/26/09
REINSTATEMENT 06-09

CR2E081 (12/08)

| 2. Principal Office Address - No P.O. Box # | 3. Mailing Office Address |
|---|---|
| 5240 ST. CHARLES ROAD | 5240 ST. CHARLES ROAD |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: BERKELEY IL | City & State: BERKELEY IL |
| Zip: 60163 Country: USA | Zip: 60163 Country: USA |

4. Date Incorporated or Qualified To Do Business In Florida: 04/01/2005

5. FEI Number: ☐ Applied For ☑ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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

Suite, Apt. #, Etc.

City: Plantation State: FL Zip Code: 33324

☒ 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 617.0505, F.S.

Signature of Registered Agent: Kelly Snedden Date: 2/24/09

REGISTERED AGENT MUST SIGN: Kelly Snedden Asst. Secretary

9. Names and Street Addresses of Each Officer and/or Director (Florida profit corporations must list at least 3 directors)

| Title | Name of Officers and/or Directors | 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 (Each) (that I am an officer or director of the reviving or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S.) further certify that while filing this reinstatement application, the names 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: Warren Schmidgall WARREN SCHMIDGALL 2/25/2009 (708) 318-2500

SIGNATURE AND TYPED OR PRINTED NAME OF ASHMAD OFFICER OR DIRECTOR — Date — Daytime Phone #

FL010 - 01/06/2009 CT System Online