

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
-FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 APR 13 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H84434

1. Corporation Name

EXECUTIVE CATERERS OF MIAMI BEACH, INC.

Principal Place of Business

Mailing Address

**1700 Michigan Avenue
Miami Beach, FL 33139**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/7/85

5. FEI Number

59-2601480

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	STUART FRIEDMAN	10609 Wheelhouse Circle	Boca Raton, FL
VP	Michael Press	16508 NE 26 Street	N. Miami Beach, FL
ST	Scott Heiken	2345 NE 199 Street	N. Miami Beach, FL
			300002491513--1
			-04/17/98--01006--001
			****900.00 ****900.00
			8/13/98

8. Name and Address of Current Registered Agent

**Michael Press
927 NE 199 Street #108
N. Miami Beach, FL 33179**

9. Name and Address of New Registered Agent

Name

Howard A. Kusnick

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

8211 W. Broward Blvd #420

Suite, Apt. #, Etc.

City

Ft Lauderdale

State

FL

Zip Code

33324

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Howard A. Kusnick

REGISTERED AGENT MUST SIGN

Date

3/1/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐

No ☒

(See other side for information
on intangible tax.)

12. 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 under section 119.07(3)(i), 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:

X Michael Press (V.P.)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/1/98 3:55321192