

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

01 APR 30 AM 11:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # H84434

**1. Corporation Name**

EXECUTIVE CATERERS OF MIAMI BEACH, INC.

**2. Principal Office Address**

1700 Michigan Avenue

Suite, Apt. #, etc.

City & State

Miami Beach, FL

Zip

33139

Country

Miami-Dade

**3. Mailing Office Address**

1700 Michigan Avenue

Suite, Apt. #, etc.

City & State

Miami Beach, FL

Zip

33139

Country

Miami-Dade

**REINSTATEMENT 99-01**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

11/7/85

**5. FEI Number**

592601480

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☐**

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Howard A. Kusnick

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

300 NW 82nd Avenue, Suite 505

Suite, Apt. #, Etc.

City

Ft. Lauderdale

State

FL

Zip Code

33324

000004275510-8

05/22/01-01023-004

\*\*\*1050.00 \*\*\*1050.00

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

*Howard A. Kusnick*

REGISTERED AGENT MUST SIGN

Date

4/27/01

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

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip     |
|--------|--------------------------------------|---|------------------------|
| P      | Eric Kaufman                         | 20634 NE 9th Court                                | N. Miami Bch, FL 33179 |
| VP     | Stuart Friedman                      | 10609 Wheelhouse Circle                           | Boca Raton, FL         |
| ST     | Scott Heiken                         | 2345 NE 199 Street                                | N. Miami Beach, FL     |
|        |                                      |   |                        |
|        |                                      |   |                        |
|        |                                      |   |                        |

**10. 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:

*Eric Kaufman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ERIC KAUFMAN

Date

3/20/01

Daytime Phone #

305-532-1192