

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 FEB 29 PM 3:12

<b>DOCUMENT # H84434</b> 1. Entity Name <b>EXECUTIVE CATERERS OF MIAMI BEACH, INC.</b>					
Principal Place of Business <b>1700 MICHIGAN AVE. MIAMI BEACH, FL 33139</b>			Mailing Address <b>1700 MICHIGAN AVE. MIAMI BEACH, FL 33139</b>		
2. Principal Place of Business - No P.O. Box # <b>1701 Washington Ave</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>1701 Washington Ave</b> <small>Suite, Apt. #, etc.</small>			
City & State <b>Miami Beach, FL</b> <small>Zip</small> <b>33139</b> <small>Country</small> <b>Miami - Dade</b>		City & State <b>Miami Beach, FL</b> <small>Zip</small> <b>33139</b> <small>Country</small> <b>Miami - Dade</b>		4. FEI Number <b>59-2601480</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>KUSNICK, HOWARD A 300 N.W. 82ND AVENUE SUITE 505 FT. LAUDERDALE, FL 33324</b>			7. Name and Address of New Registered Agent Name <b>Howard Kusnick</b> Street Address (P.O. Box Number is Not Acceptable) <b>401 E. Las Olas Blvd.</b> <b>Ste. 1650</b> City <b>FT Land.</b> <b>FL</b> <small>Zip Code</small> <b>33301</b>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent.					
SIGNATURE			DATE <b>2/26/08</b>		
<b>FILE NOW!!! FEE IS \$300.00</b>			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KAUFMAN, ERIC 5670 OAKTREE AVE HOLLYWOOD, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>100119264811</b> <b>03/03/08--01029--004 **300.00</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FRIEDMAN, STUART 10609 WHEELHOUSE CIRCLE BOCA RATON, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HEIKEN, SCOTT 199 GOLDEN BEACH DRIVE GOLDEN BEACH, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and correct, and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE:			DATE <b>2/21/08</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DAYTIME PHONE # <b>305-532-1197</b>		

REINSTATEMENT 07-08  
 3/21/08