

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 MAR 18 AM 8:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # J75783

1. Corporation Name

EXECUTIVE CATERERS SOUTH, INC.

Principal Place of Business

Mailing Address

7500 SW 120TH ST.  
SUITE 470  
MIAMI FL 33156

7500 SW 120TH ST.  
SUITE 470  
MIAMI FL 33156

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

4. Date Incorporated or Qualified  
To Do Business in Florida

05/29/1987

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0029810

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 3	City / State / Zip 4
P	KAUFMAN, ERIC	20634 NE 9TH CT.	N. MIAMI BEACH FL
VP	HEIKEN, SCOTT	2345 NE 199 ST.	N. MIAMI BEACH FL
VP	FRIEDMAN, STUART	10609 WHEELHOUSE CIRCLE	BOCA RATON FL

700013514627  
03/04/03--01055--006 \*\*750.00

700013514627  
03/18/03--01018--001 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KUSNICK, HOWARD A.  
300 N.W. 82ND AVENUE  
SUITE 505  
FT. LAUDERDALE FL 33324

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Howard A. Kusnick* REQUIRED  
REGISTERED AGENT MUST SIGN

Date 2/25/03

11. 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:

*Howard A. Kusnick* REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/03 305-252-8785  
Date Daytime Phone #

CR2E040 (8/02)