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APPROVED AND

Machillo.

#### **COVER LETTER**

TO: Amendment Section		
Division of Corporations		
NAME OF CORPORATION: Quisine Bon Berger Restouant, Inc		
DOCUMENT NUMBER: P020000 82724		
The enclosed Articles of Amendment and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Daniel Lubin		
Name of Contact Person		
Chisine Bon Berger Restaurant, Inc.		
Firm/ Company		
0 40 0851 11 2 11		
SE 2551 N DIXIC HWY		
Address		
Address  Address  City/ State and Zip Code		
City/State and Zip Code		
\$ 5proheteogmal		
E-mail address: (to be used for duture annual report notification)		
For further information concerning this matter, please call:		
Daniel Lubin at (954) 708-9762		
Name of Contact Person Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to the Florida Department of State: Partment already filed		
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee \& \Bigcup \\$52.50 Filing Fee		
Certificate of Status Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy		
(Additional Copy is enclosed)		
Mailing Address Street Address		
Amendment Section Amendment Section		
Division of Corporations  Division of Corporations  Division of Corporations		
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle		
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Tallahassee, FL 32301



## FLORIDA DEPARTMENT OF STATE Division of Corporations

May 4, 2010

DANIEL LÜBIN 2551 N DIXIE HWY POMPANO BEACH, FL 33064

SUBJECT: CUISINE BON BERGER RESTAURANT INC.

Ref. Number: P02000082724

We have received your document for CUISINE BON BERGER RESTAURANT INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above listed corporation was administratively dissolved or its certificate of authority was revoked for failure to file its 2009 corporate annual report form. To reinstate, the corporation must submit a completed reinstatement application/annual report and the appropriate fees.

The fees to reinstate the corporation are as follows: \$600.00 reinstatement fee, \$150.00 filing fee per year for each year the corporation has been dissolved.

Therefore, the total amount due to reinstate the corporation is \$750.00. Add an additional \$8.75 for each certificate of status requested.

The total amount due includes the 2010 Annual Report and Supplemental Fee.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6957.

Tracy L Lemieux Regulatory Specialist II

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Letter Number: 310A00011039

### Articles of Amendment to Articles of Incorporation of

	. OI
ausine Bon Berger 1	Cesteriant, Inc. 10 AUG. 2
(Name of Corporation as currently file	ed with the Florida Dept. of State)
P0200083	9794 "AMARY"
(Document Number of C	
Pursuant to the provisions of section 607.1006, Floridamendment(s) to its Articles of Incorporation:	da Statutes, this Florida Profit Corporation adopts the follow
A. If amending name, enter the new name of the cor	cporation:
HR. Dls Ciusine, Inc.	The new
name must be distinguishable and contain the wor	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD)	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>	Ksprophete Egmail. com
). If amending the registered agent and/or registere new registered agent and/or the new registered o	
Name of New Registered Agent:	~/A
New Registered Office Address:	(Florida street address)
·	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registereby accept the appointment as registered agent. I	stered Agent:  am familiar with and accept the obligations of the position.
Signature	e of New Registered Agent, if changing

## removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary) **Title** Address **Type of Action Name** ☐ Add ☐ Remove ☐ Add ☐ Remove ☐ Add □ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself; (if not applicable, indicate N/A)

If amending the Officers and/or Directors, enter the title and name of each officer/director being

.The date of each amendment(s) adoption:		
Effective date <u>if applicable</u> :	(date of adoption is required)	
Silve date it appareable.	no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	99 	
(1	coting group)	
The amendment(s) was/were action-was not required	adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
Dated	7/30/10	
Signature	Mul	
(By a	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	Daniel Lubin	
	(Typed or printed name of person signing)	
	Incorporator/owners	
	(Title of person signing)	