

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P02000093070

**Entity Name:** CULINARY CONVENIENCE, INC.

**FILED**  
**Oct 15, 2013**  
**Secretary of State**

**Current Principal Place of Business:**

5881 SW 21ST STREET  
WEST PARK, FL 33023

**New Principal Place of Business:**

**Current Mailing Address:**

5881 SW 21ST STREET  
WEST PARK, FL 33023

**New Mailing Address:**

**FEI Number:** 01-0742152

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MICHAELS, AARON J  
4664 LAKESIDE CIRCLE  
DAVIE,, FL 33314 US

**Name and Address of New Registered Agent:**

MICHAELS, AARON J  
1755 NE 16TH STREET  
FORT LAUDERDALE, FL 33304 US

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.

**SIGNATURE:** AARON MICHAELS

10/15/2013

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** MICHAELS, AARON J  
**Address:** 1755 NE 16 STREET  
**City-St-Zip:** FORT LAUDERDALE, FL 33304

**Title:** ST  
**Name:** MICHAELS, LIMOR  
**Address:** 1755 NE 16TH STREET  
**City-St-Zip:** FORT LAUDERDALE,, FL 33304

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** AARON MICHAELS

P

10/15/2013

Electronic Signature of Signing Officer or Director

Date