

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000043426

1. Entity Name  
GOURMET CARROT SOUTH BEACH, INC.



FILED

09 JUN 12 AM 6:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 08-09

Principal Place of Business Mailing Address  
~~915 N.W. 1ST AVE.~~ ~~915 N.W. 1ST AVE.~~  
~~#L315~~ ~~#L315~~  
~~MIAMI, FL 33136~~ ~~MIAMI, FL 33136~~

2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
959 West Avenue 959 West Avenue  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
Miami Beach, Florida Miami Beach, Florida

Zip Country Zip Country  
33139 U.S.A. 33139 U.S.A.

4. FEI Number Applied For  
20-0981593 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

LAUFER, MARIO  
~~915 NW 1ST AVE. #L315~~  
~~MIAMI, FL 33136~~  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
959 West Avenue  
City Miami Beach FL Zip Code 33139

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 *X Mario Laufer* DATE *X 6-8-09*  
MARIO LAUFER (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LAUFER, MARIO <del>915 N.W. 1ST AVE. #L315</del> <del>MIAMI, FL 33136</del>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	900157191319 06/12/09--01084--001 **\$300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	959 West Avenue Miami Beach, Florida 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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 accurate 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: *X Mario Laufer* DATE: *X 6-8-09* TIME: *786 470-1955*  
MARIO LAUFER