

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000172569

1. Entity Name  
MITCHELL KAUFMAN INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 DEC -5 PM 4:37

REINSTATEMENT 06

Principal Place of Business  
955 NW 17TH AVE  
BUILDING H  
DELRAY BEACH, FL 33445

Mailing Address  
955 NW 17TH AVE  
BUILDING H  
DELRAY BEACH, FL 33445

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11012006 REIN-P CR2E098 (11/05)

4. FEI Number  
37-1501915

Applied For  
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

KAUFMAN, MITCHELL  
955 NW 17TH AVE  
BUILDING H  
DELRAY BEACH, FL 33445

Name

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

City

FL

Zip Code

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

*Mitchell Kaufman*

*President*

11-29-06

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After January 1, 2007, Fee will be \$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

PD  
KAUFMAN, MITCHELL  
955 NW 17TH AVE BUILDING H  
DELRAY BEACH, FL 33445

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Addition

700082285077  
12/05/06--01011--006 \*\*150.00

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CITY - ST - ZIP

☐ Change ☐ 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:

*Mitchell Kaufman*

11-29-06

800-560-2763

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #