

# **2006 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P05000018735

**FILED**  
**Nov 08, 2006**  
**Secretary of State**

**Entity Name:** MAC KHASHMAN WHOLESALE PRODUCE, INC.

**Current Principal Place of Business:**

22358 SW 57TH CIRCLE  
BOCA RATON, FL 33428

**New Principal Place of Business:**

785 SOUTH CONGRESS AVE  
DELRAY BEACH, FL 33483

**Current Mailing Address:**

22358 SW 57TH CIRCLE  
BOCA RATON, FL 33428

**New Mailing Address:**

**FEI Number:** 20-2293946

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KHASHMAN, JENNIFER  
22358 SW 57TH CIRCLE  
BOCA RATON, FL 33428 US

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

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:** JENNIFER KHASHMAN

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** D ( ) Delete  
**Name:** KHASHMAN, MAKRAM  
**Address:** 22358 SW 57TH CIRCLE  
**City-St-Zip:** BOCA RATON, FL 33428

**Title:** D ( ) Delete  
**Name:** KHASHMAN, JENNIFER  
**Address:** 22358 SW 57TH CIRCLE  
**City-St-Zip:** BOCA RATON, FL 33428

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

**SIGNATURE:** JENNIFER KHASHMAN

D

11/08/2006

Electronic Signature of Signing Officer or Director

Date