

# 2010 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P09000063356

FILED  
Oct 13, 2010  
Secretary of State

**Entity Name:** FAMILY CUISINE OF FLORIDA INC.

**Current Principal Place of Business:**

1572 NE 165 STREET  
NORTH MIAMI BEACH, 33162

**New Principal Place of Business:**

1572 NE 165 STREET  
NONE  
NORTH MIAMI BEACH, FL 33162 US

**Current Mailing Address:**

1572 NE 165 STREET  
NORTH MIAMI BEACH, 33162

**New Mailing Address:**

1572 NE 165 STREET  
NONE  
NORTH MIAMI BEACH, FL 33162 US

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

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

JULIEN, MARYSE  
1680 NW 193 STREET  
MIAMI GARDENS, FL 33169 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: MARYSE JULIEN

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: JULIEN, MARYSE  
Address: 1572 NE 165 ST.  
City-St-Zip: NORTH MIAMI BEACH, FL 33162 US

Title: VP  
Name: VINCENT, SAINT-SURIN  
Address: 1572 NE 165 ST.  
City-St-Zip: NORTH MIAMI BEACH, FL 33162 US

Title: VS  
Name: VINCENT, ANISHA  
Address: 1572 NE 165 ST  
City-St-Zip: NORTH MIAMI BEACH, FL 33162 US

Title: VS  
Name: VINCENT, DARREL  
Address: 1572 NE 165 ST  
City-St-Zip: NORTH MIAMI BEACH, FL 33162 US

Title: VS  
Name: VINCENT, AMANDA  
Address: 1572 NE 165 ST  
City-St-Zip: NORTH MIAMI BEACH, FL 33169 US

Title: VS  
Name: CLEMENT, JUDESON  
Address: 1572 NE 165 ST  
City-St-Zip: NORTH MIAMI BEACH, FL 33162 US

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: MARYSEJULIEN

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10/13/2010

Electronic Signature of Signing Officer or Director

Date