

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P94000079772**

1. Corporation Name

**EXECUTIVE CATERERS OF HOLLYWOOD, INC.**

Principal Place of Business

1400 N 46TH AVE  
HOLLYWOOD FL 33021

Mailing Address

1400 N 46TH AVE  
HOLLYWOOD FL 33021

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/31/1994

5. FEI Number

65-0541574

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	HEIKEN, SCOTT	1400 N 46 AVE	HOLLYWOOD FL
D	LUBOWSKY	1400 N 46TH AVE	HOLLYWOOD FL
S	KAUFMAN, ERIC	1400 N. 46TH AVE.	HOLLYWOOD FL 33021
D	TABATCHNICK	1400 W 46 AVE	HOLLYWOOD FL
VP	FRIEDMAN, STUART	1400 N 46 AVE	HOLLYWOOD FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KUSNICK, HOWARD  
8211 W BROWARD BLVD  
SUITE 420  
FT LAUDERDALE FL 33324

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

300 NW 82 AVE  
Suite, Apt. #, Etc.  
505

City

FT LAUDERDALE, FL

State

FL

Zip Code

33324

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*Howard Kusnick*  
REGISTERED AGENT MUST SIGN

300024925663  
03/12/04--01046--001 \*\*150.00  
Date 11/18/03

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*president*  
*Scott Heiken* 10/15/03 954 989 2776