

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 APR 30 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000055670

1. Corporation Name

PALM CATERERS OF MIAMI, INC.

2. Principal Office Address

5950 N. Kendall Drive

3. Mailing Office Address

5950 N. Kendall Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL 33156

City & State

Miami, FL

Zip

33156

Country

Miami-Dade

Zip

33156

Country

Miami-Dade

4. Date Incorporated or Qualified
To Do Business in Florida

7/1/96

5. FEI Number

650716994

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 99-01

7. Name and Address of Current Registered Agent

Name

Howard A. Kusnick

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

300 NW 82nd Avenue

Suite, Apt. #, Etc.

Suite 505

City

Ft. Lauderdale

State

FL

Zip Code

33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Howard A. Kusnick

Date

4/27/01

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Eric Kaufman	20634 NE 9th Court	N. Miami Bch, FL 33179
VP	Stuart Friedman	10609 Wheelhouse Circle	Boca Raton, FL 33428
VP	Scott Heiken	2345 NE 199 Street	N. Miami Bch, FL 33179
VP	Drew Tabatchnick	12101 NW 7th Street	Plantation, FL 33325
VP	Steven Silver	4302 Alton Road. #800	Miami Beach, FL 33140

10. 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:

Eric Kaufman

ERIC KAUFMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/01

Date

305-252-3824

Daytime Phone #