

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P96000055670

1. Entity Name
PALM CATERERS OF MIAMI, INC.



FILED

06 MAR 27 AM 8:51

Principal Place of Business
5950 N. KENDALL DRIVE
MIAMI, FL 33156

Mailing Address
5950 N. KENDALL DRIVE
MIAMI, FL 33156

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 05-06

4. FEI Number
65-0716994

Additional Fee
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KUSNICK, HOWARD A
300 N.W. 82ND AVENUE
SUITE 505
FT. LAUDERDALE, FL 33324

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, the registered agent.

SIGNATURE

[Signature]

3/10/06

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	☐ Delete
NAME	KAUFMAN, ERIC	
STREET ADDRESS	20634 N.E. 9TH COURT	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL	
TITLE	V	☐ Delete
NAME	FRIEDMAN, STUART	
STREET ADDRESS	10609 WHEEL HOUSE CIRCLE	
CITY-ST-ZIP	BOCA RATON, FL 33428	
TITLE	V	☐ Delete
NAME	HEIKEN, SCOTT	
STREET ADDRESS	2345 NE 199 ST	
CITY-ST-ZIP	N MIAMI BEACH, FL 33179	
TITLE	V	☐ Delete
NAME	TABATCHNICK, DREW	
STREET ADDRESS	12101 NW 7TH ST	
CITY-ST-ZIP	PLANTATION, FL 33325	
TITLE	V	☐ Delete
NAME	SILVER, STEVEN	
STREET ADDRESS	4302 ALTON RD SUITE 800	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	☐ Change ☐ Addition
NAME	300089644169
STREET ADDRESS	04/06/06--01051--006 **900.00
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 included on this report or supplementary report is true and accurate and that my signature shall have the same legal effect as I made under oath; that I am an officer or director of the corporation or the receiver, 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 the other like empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ERIC KAUFMAN

2/20/06

305-532-1192

DATE

Daytime Phone #