

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 MAR 28 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000055670**

1. Corporation Name

PALM CATERERS OF MIAMI, INC.

Principal Place of Business

5950 N. KENDALL DRIVE
MIAMI FL 33156

Mailing Address

5950 N. KENDALL DRIVE
MIAMI FL 33156

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/01/1996

5. FEI Number

65-0716994

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS REQUIRED

\$8.75 Additional Fee required

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	KAUFMAN, ERIC	20634 N.E. 9TH COURT	NORTH MIAMI BEACH FL
V	FRIEDMAN, STUART	10609 WHEEL HOUSE CIRCLE	BOCA RATON FL 33428
V	HEIKEN, SCOTT	2345 NE 199 ST	N MIAMI BEACH FL 33179
V	TABATCHNICK, DREW	12101 NW 7TH ST	PLANTATION FL 33325
V	SILVER, STEVEN	4302 ALTON RD SUITE 800	MIAMI BEACH FL 33140

8. Name and Address of Current Registered Agent

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

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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 A. Kusnick
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

2/25/03

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:

Howard A. Kusnick
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/03

Date

305-252-3824

Daytime Phone #

CR2E040 (8/02)