

# 2005 FOR PROFIT CORPORATION REINSTATEMENT


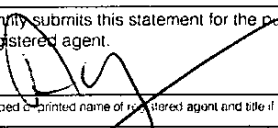
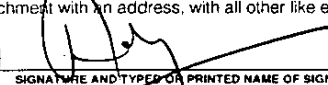
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2005 SEP -9 PM 1:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



09082005 REIN-P CR2E098 (6/04)

<b>DOCUMENT # P02000005938</b>					
1. Entity Name <b>HUNGRY MAN'S, INC.</b>					
Principal Place of Business <b>2988 1/2 NW 55 AVENUE LAUDERHILL, FL 33313</b>			Mailing Address <b>6800 NW 75TH DR FORT LAUDERDALE, FL 33321</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>NOT APPLICABLE</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>MANYOU, ALTHEA 2988 1/2 NW 55 AVENUE LAUDERHILL, FL 33313</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b> 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 registered agent.					
SIGNATURE:  DATE: <b>9/8/05</b>					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$750.00</b> <b>900.00</b> <b>After January 1, 2006, Fee will be \$900.00</b> <b>1050.00</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MANYOU, DAVE</b>		NAME		
STREET ADDRESS	<b>6800 NW 75 DRIVE</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>TAMARAC, FL 33321</b>		CITY - ST - ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MANYOU, ALTHEA</b>		NAME		
STREET ADDRESS	<b>2988 1/2 NW 55TH AVE</b>		STREET ADDRESS	<b>200059676072</b>	
CITY - ST - ZIP	<b>LAUDERHILL, FL 33313</b>		CITY - ST - ZIP	<b>09/15/05--01045--001 **150.00</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CARTY, EVADNEY</b>		NAME		
STREET ADDRESS	<b>2988 1/2 NW 55TH AVE</b>		STREET ADDRESS	<b>200059676072</b>	
CITY - ST - ZIP	<b>LAUDERHILL, FL 33313</b>		CITY - ST - ZIP	<b>09/15/05--01045--002 **758.75</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CARTY, NIGEL</b>		NAME		
STREET ADDRESS	<b>2988 1/2 NW 55TH AVE</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>LAUDERHILL, FL 33313</b>		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  DATE: <b>9/8/05</b> (954) 461-0185					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					