

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

2016 DEC 30 PM 3:30

STATE OF FLORIDA
DEPARTMENT OF STATE

CR2E081 (11/10)

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P 15 0000 64783

1. Corporation Name
HEMMINGWAYS BISTRO INC

2. Principal Office Address - No P.O. Box # <u>419 E SHERIDAN</u>		3. Mailing Office Address <u>SAME</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>DANIA FL</u>		City & State <u>FL</u>	
Zip <u>33004</u>	Country <u>BROWARD</u>	Zip <u>3304</u>	Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 47-4693620

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

Applied For
Not Applicable

7. Name and Address of Current Registered Agent

Name
BLAIR MANAGNET GROUP

Street Address (P.O. Box Number is Not Acceptable)
6412 UNIVERSITY

Suite, Apt. #, Etc.

City
TAMALAC

State
FL

Zip Code
33321

500293774639
12/30/16--01023--019 **150.00

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 [Signature] Date 12/22/16

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	CAMILIA MERINDINO	945 S Federal #38	DANIA FL 33004 33004
VP	KARAH RAHILL	945 S Federal #38	DANIA FL 33004
REINSTATEMENT			DEC 30 2016
			R. HUNT

10. E-mail Address: RAHILLNIK @ AOL.COM
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: [Signature] K. RAHILL Date 12/28/16 Day/Even Phone # 954 274 6009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR