

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FOR  
REINSTATEMENT

FILED

02 OCT 28 PM 12:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # J01819

1. Corporation Name

MUNCH BUNCH, INC.

Principal Place of Business

4292 NE 7 AVE  
FORT LAUDERDALE FL 33334  
US

Mailing Address

PO BOX 23810  
OAKLAND PARK FL 33307-3810  
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/03/1986

5. FEI Number

59-2649651

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

| Title(s)<br>1 | Name of Officers<br>and/or Directors<br>2 | Street Address of Each<br>Officer and/or Director<br>3 | City / State / Zip<br>4  |
|---------------|---|--|--------------------------|
| DP            | STEVEN ANDREWS                            | 4292 NE 7 AVE  | FORT LAUDERDALE FL 33334 |
|               |   |  |                          |
|               |   |  |                          |
|               |   |  |                          |
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|               |   |  |                          |
|               |   |  |                          |

500008603905  
10/28/02 01022 002 \*\*150.00

10/31

8. Name and Address of Current Registered Agent

STEVEN ANDREWS  
4292 NE 7 AVE  
FORT LAUDERDALE FL 33334

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

REGISTERED AGENT MUST SIGN

Date 10-22-02

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:

SIGNATURE REQUIRED  
Signature and Typed or Printed Name of Signing Officer or Director  
Steven Andrews

Date

Daytime Phone #

10-22-02 (954) 629-9064

CR2E040 (8/02)

Oct 22, 2002

To: Dept. of State

This is the first notice that I Steven Andrews / Munch Bunch Inc. Recieved. After talking to your Dept. I found out that this form needs to Be filled before May 1st. This will not happen again. In the past, I had my accountant ~~file~~ file this report. Enclosed is a check for \$150.00. That after talking to your office I was informed to do, along with this letter.

Steven Andrews

P.S. (954) 629-9064 cell