


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 AUG 29 PM 12: 16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L35914

1. Corporation Name

**HIALEAH RESTAURANT, INC.**

**REINSTATEMENT 05-07**

000108787910  
08/29/07--01047--004 \*\*1058.75  
CR2E081 (1/07)

2. Principal Office Address - No P.O. Box # <b>2750 W 68TH ST</b>		3. Mailing Office Address <b>2750 W 68TH ST</b>	
Suite, Apt. #, etc. <b>Bay 114</b>		Suite, Apt. #, etc. <b>Bay 114</b>	
City & State <b>HIALEAH FL</b>		City & State <b>HIALEAH FL</b>	
Zip <b>33016-5446</b>	Country <b>USA</b>	Zip <b>33016-5446</b>	Country <b>USA</b>

4. Date Incorporated or Qualified To Do Business in Florida **12/13/1989**

5. FEI Number **59-2982187**  Applied For  Not Applicable

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

7. Name and Address of Current Registered Agent

Name **MINYETTY, ALTAGRACIA**

Street Address (P.O. Box Number is Not Acceptable) **2750 W 68TH ST**

Suite, Apt. #, Etc. **Bay 114**

City **HIALEAH** State **FL** Zip Code **33016-5446**

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 *Altagracia Minyetty* Date **5-10-07**

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
President	MINYETTY, ALTAGRACIA	2750 W 68TH ST Bay 114	HIALEAH, FL. 33016-5446
	<i>08/31</i>		000108432037 05/29/07--01032--009 **450.00
		<i>09/06/05</i>	90134 030 \$ 150.00

10. 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 contained in Chapter 119, 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: *Altagracia Minyetty* Date **5-10-07** (805) 828-7528

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR