

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2006 AUG 28 PM 2:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N00000002094

1. Corporation Name

Hungry Howie's Advertising Fund - Florida, Inc.

2. Principal Office Address

2109-D Main St.

Suite, Apt. #, etc.

City & State

Dunedin, Florida

Zip  
34698

Country  
USA

3. Mailing Office Address

30300 Stephenson Hwy

Suite, Apt. #, etc.

100

City & State

Madison Heights, MI

Zip  
48071

Country  
USA

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

3/29/2000

5. FEI Number

59-3648498

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  
Robert L. Shear

Street Address (P.O. Box Number is Not Acceptable)  
2650 McCormick Drive

Suite, Apt. #, Etc.

130

City  
Clearwater

State  
FL

Zip Code  
33759

400079255254  
08/30/06--01031--009 \*\*541.50

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]*  
REGISTERED AGENT MUST SIGN

Date 8/24/06

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
PD	James R. Hearn	2109-D Main St.	Dunedin, Florida 34698
D	Barry Devine	2109-D Main St.	Dunedin, Florida 34698
D	Talal Kazbour	2109-D Main St.	Dunedin, Florida 34698

B 8/28/06  
OT-06

REINSTATEMENT

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James R. Hearn

Date

Daytime Phone #

8/24/06