

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

10 NOV -3 PM 4:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # NO2000009711

1. Corporation Name

Hallandale Food Pantry Inc.

2. Principal Office Address - No P.O. Box #

220 S.W. 8th Ave

Suite, Apt. #, etc.

Hallandale

City & State

Hallandale FL

Zip

33009

Country

U.S.A.

3. Mailing Office Address

815 Nash St.

Suite, Apt. #, etc.

City & State

Hallandale FL

Zip

33009

Country

U.S.A.

300187389783

11/03/10--01012--013 \*\*297.50

CR2E081 (6/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

12/16/02

5. FEI Number

36-2167731

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

IDA Mae Ulevy

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

412 S.W. 8th Terrace

Suite, Apt. #, Etc.

City

Hallandale

State

FL

Zip Code

33009

900186947129

10/21/10--01028--010 \*\*245.00

300187389783

11/03/10--01012--014 \*\*8.75

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

Ida Mae Ulevy

REGISTERED AGENT MUST SIGN

Date

Oct. 13, 10

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
D. Pres.	<u>Paul B. Snow</u>	<u>815 Nash Street</u>	<u>Hallandale FL 33009</u>
D. Vice	<u>Gerald Eddex</u>	<u>839 N.W. 7th St.</u>	<u>Hallandale FL 33009</u>
D. Sec.	<u>Eldene Webb</u>	<u>933 S.W. Gen. Patton Terr.</u>	<u>Port St. Lucie FL 34953</u>
D. Treas.	<u>Edward Parker</u>	<u>220 N.W. 6th Ave</u>	<u>Hallandale, FL 33009</u>
D. Agent	<u>Ida Ulevy</u>	<u>8th Court #412 Terrace</u>	<u>Hallandale FL 33009</u>

10. E-mail Address: Paul Burt 815 People P.C. 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., that all fees owed by the corporation have been paid, 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.

SIGNATURE:

Paul B. Snow

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Oct. 13, 10

Daytime Phone #

11/3 am