

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hoed
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 17 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N41797**

1. Corporation Name

FEED THE HUNGRY OF SOUTH FLORIDA, INC.

Principal Place of Business

Mailing Address

5850 NW 32ND AVE
MIAMI FL 33142-2117
US

5850 NW 32ND AVE
MIAMI FL 33142-2117
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/24/1991

5. FEI Number

NOT APPLICABLE

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)

300023866933

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	ADAIR, MICHAEL R. C.P.A.	100 W. CYPRESS CREEK RD. #1045	FORT LAUDERDALE FL 33309
D	HANTMAN, SUSAN R	5850 NW 32ND AVE	MIAMI FL 33142
D	MYERS, VAN	5850 N.W. 3RD AVENUE	MIAMI FL
D	HAMASAKI, DUCO DR	5850 NW 32ND AVE	MIAMI FL
D	MOORE, A.D.	5850 NW 32ND AVENUE	MIAMI FL
ED	ALLENDE, MANUEL	5850 NW 32 AVE	MIAMI FL 33142

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ALLENDE, MANUEL
5850 NW 32ND AVE
MIAMI FL 33142

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

Miami

FL

33142

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

Judith Gatti

REGISTERED AGENT MUST SIGN

Date 10/9/03

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:

Judith Gatti
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/9/03

Daytime Phone #

633-9861
305-800-0000

CR2040 (7/03)



Fighting hunger in South Florida

October 13, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: ANNUAL REPORT – UBR FILING FEE –
FEED THE HUNGRY OF SOUTH FLORIDA, INC.

To Whom It May Concern:

Enclosed is our check #30613 in the amount of \$61.25 for the Annual Filing Fee for Feed the Hungry of South Florida, Inc.

I am enclosing a Corporate Reinstatement form with current updated information regarding the Registered Agent for Feed the Hungry of South Florida, Inc. I respectfully request that the reinstating fee be waived since we did not receive an Annual UBR Report form for this corporation.

Thanking you in advance for your assistance with this matter.

Kind regards,


Judith Gatti
Executive Director



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