

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 DEC -6 PM 4:43

DOCUMENT # P00 000097706

1. Corporation Name

A Slice of New York OF
Hunters Creek INC

2. Principal Office Address

14500 Uelleux DR

Suite, Apt. #, etc.

City & State

ORLANDO Florida

Zip

32837

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12-00

5. FEI Number

59-3680958

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

PAUL CALFAYAN

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

14500 Uelleux DR

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32837

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

Paul Calfayan

REGISTERED AGENT MUST SIGN

Date

11/30/01

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
PRES.	PAUL CALFAYAN	14500 Uelleux DR	ORLANDO FL. 32837
P.	JANE CALFAYAN	14500 Uelleux DR	ORLANDO FL. 32837
Sec.	JAMES UELIA	13957 OSPREY WEST RD #88	ORLANDO FL. 32837

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 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:

Paul Calfayan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL CALFAYAN

Date

11/30/01

Daytime Phone #

407
854-0864

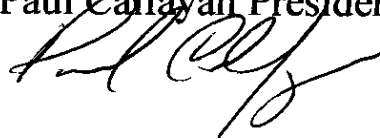
CR2E081 (9/00)

Dec. 3,2001

Dept. of Reinstatement,

I just received the forms that I requested and I am forwarding my check for \$150.00. I stated in my previous letter that due to address changes I never received these forms. I did call twice before during the year to obtain them and nothing was ever sent to me. Any questions please call me at 407/854-0064 and ask for either myself or James Vella.

Thank you,
Paul Calfayan President



A Slice Of New York Of Hunters Creek
13851 South John Youngs Pwky
Orlando Florida 32837