

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000098991

1. Corporation Name

MUNCHIES, INC.

Principal Place of Business

8943 SOUTHERN BLVD  
W PALM BCH FL 33411

Mailing Address

8943 SOUTHERN BLVD  
W PALM BCH FL 33411

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

10/19/2000

5. FEI Number

65-1050301

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DPST	ENRIQUEZ, JOSE M	5349 STONYBROOK DR	BOYNTON BCH FL 33437
DV	ENRIQUEZ, CAROL A	5349 STONYBROOK DR	BOYNTON BCH FL 33437

800004695128--3  
-11/27/01--01049--010  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

ENRIQUEZ, CAROL A  
5349 STONYBROOK DR  
BOYNTON BCH FL 33437

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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.

Signature of  
Registered Agent

*Carol A. Enriquez*  
REGISTERED AGENT MUST SIGN

Date

10-10-01

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:

*Carol A. Enriquez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-10-01 561-784-0038

Daytime Phone #

To Reinstatement Station 10-25-01  
20x3

I have never  
received any notices for  
year 2001. I phoned your  
office twice asking  
how to renew my  
Corporation. I spoke to  
An Examiner approx  
1 month ago and she  
said to mail in \$150.00  
I, today, received my check  
back from you and phoned  
your office again.