

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P01000004266**

1. Corporation Name

HILARY'S RESTAURANTS, INC.

Principal Place of Business

13612 NORTH 61ST STREET
WEST PALM BEACH FL 33412

Mailing Address

13612 NORTH 61ST STREET
WEST PALM BEACH FL 33412

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/11/2001

5. FEI Number

65-1071427

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	RAKOFF, HILARY	13612 NORTH 61ST STREET	WEST PALM BEACH FL 33412
DS	RAKOFF, MARY A	13612 NORTH 61ST STREET	WEST PALM BEACH FL 33412

500024262085
10/29/03--01071--026 **150.00

8. Name and Address of Current Registered Agent

SANTAMARIA, CHRISTOPHER ESQ.
505 ROYAL PALM BEACH BLVD.
ROYAL PALM BEACH FL 33411

9. Name and Address of New Registered Agent

Name

HILARY RAKOFF

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

13612 N. 61ST ST.

Suite, Apt. #, Etc.

City

WEST PALM BEACH

State

FL

Zip Code

33412

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

10-23-03

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-23-03

Daytime Phone #

561-790-7301
561-7907301

CR2E040 (7/03)

10-22-03

To whom

This application was
not receive until now 10/03.
When I called the phone
number it said to send
original fee back to them.

Thank you
Haley's Restaurant