

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000072356

1. Corporation Name

HOME STYLE RESTAURANT, INC.

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

14905 NW 22ND AVENUE

Suite, Apt. #, etc.

City & State

OPA LOCKA, FLORIDA

Zip

33054

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/20/2001

5. FEI Number

65-1124001

☐ 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

CHUCK MOGBO, P.A.

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

2800 W. OAKLAND PARK BOULEVARD

Suite, Apt. #, Etc.

SUITE 209

City

OAKLAND PARK

State

FL

Zip Code

33311

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

REGISTERED AGENT MUST SIGN

Date

5/2/11

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
P	TRACY THOMPkins	17501 NW 54TH AVE.	CAROL CITY, FL 33055

10. E-mail Address: tracythompkins@att.net

(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., and that all fees owed by the corporation have been paid. I 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-2-11

Daytime Phone #

FILED

11 MAY -4 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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