

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 JAN 13 AM 8:00

DOCUMENT # P01000104704

1. Corporation Name

THREE HUNGRY MEN, INC.

REINSTATEMENT 03

Principal Place of Business  
1670 Highway A1A  
443 ST. GEORGE CT.  
SATELLITE BEACH FL 32937

Mailing Address  
1670 Highway A1A  
443 ST. GEORGE CT.  
SATELLITE BEACH FL 32937



MRS

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

2. New Principal Office Address, If Applicable  
1670 Highway A1A  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable  
1670 Highway A1A  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

10/30/2001

5. FEI Number

60-0000053

Applied For

Not Applicable

City & State  
Satellite Beach

City & State  
Satellite Beach

Zip  
32937

Country  
Brevard

Zip  
32937

Country  
Brevard

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		MCWILLIAMS, TIMOTHY F		443 ST. GEORGE CT.		SATELLITE BEACH FL 32937	
		Kenneth M. Vilardebo		292 Lanternback Island Dr		Satellite Beach, FL 32937	

500025939325  
01/02/04--01053--006 \*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MCWILLIAMS, TIMOTHY F  
443 ST. GEORGE CT.  
SATELLITE BEACH FL 32937

Name  
Kenneth M. Vilardebo  
Street Address (P.O. Box Number is Not Acceptable)  
292 Lanternback Island Dr.  
Suite, Apt. #, Etc.

City  
Satellite Beach  
State  
FL  
Zip Code  
32937

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

*Kenneth M. Vilardebo*  
REGISTERED AGENT MUST SIGN

Date 12/31/2003

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:

*Kenneth M. Vilardebo*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/31/2003 321-779-2900  
Date Daytime Phone #

CR2E040 (7/03)