

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000109818

FILED
Oct 07, 2006
Secretary of State

Entity Name: HINOJOSA - JIMENEZ FOOD SERVICE, INC.

Current Principal Place of Business:

5033 HERON PLACE
COCONUT CREEK, FL 33073

New Principal Place of Business:

Current Mailing Address:

5033 HERON PLACE
COCONUT CREEK, FL 33073

New Mailing Address:

FEI Number: 20-0297436

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAMBERT, SANDRA ESQ
370 W CAMINO GARDENS BLVD, STE 114
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: SANDRA LAMBERT

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JIMENEZ, OMAR
Address: 5033 HERON PLACE
City-St-Zip: COCONUT CREEK, FL 33073

Title: V () Delete
Name: JIMENEZ, DOLORES S
Address: 108-37 42ND AVE
City-St-Zip: CORONA, NY 33073

Title: S () Delete
Name: JIMENEZ, LEANDRA
Address: 5033 HERON PLACE
City-St-Zip: COCONUT CREEK, FL 33073

Title: TD () Delete
Name: HINOJOSA, MARCO
Address: 108-37 42ND AVE
City-St-Zip: CORONA, NY 11368

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OMAR JIMENEZ

PD

10/07/2006

Electronic Signature of Signing Officer or Director

Date