

1082

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 MAY -2 AM 11:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P04000069926

1. Corporation Name

**HUNGRY MAN PALACE, INC.**

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

**13001 N.W. 7 AVENUE**

Suite, Apt. #, etc.

City & State

**NORTH MIAMI FL**

Zip  
**33168**

Country  
**USA**

3. Mailing Office Address

**13001 N.W. 7 AVENUE**

Suite, Apt. #, etc.

City & State

**NORTH MIAMI FL**

Zip  
**33168**

Country  
**USA**

REINSTATEMENT 06-07

4. Date Incorporated or Qualified  
To Do Business in Florida

**04/28/2004**

5. FEI Number

**74-3123972**

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

**REID'S INCOME TAX & COMPUTER SERVICE, LLC**

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

**5419 NORTH STATE ROAD 7**

Suite, Apt. #, Etc.

City  
**TAMARAC**

State  
**FL**

Zip Code  
**33319**

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

*Marvin D. Reid*

REGISTERED AGENT MUST SIGN

Date **04/30/2007**

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/D	ANGELA G WILSON	8409 LONGACRE DR	MIRAMAR FL 33025 US
VP	MCNEIL WILSON	8409 LONGACRE DR	MIRAMAR FL 33025 US

300103229953  
05/24/07--01061--009 \*\*458.75

10. 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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/2007

Date

305-687-0614

Daytime Phone #

MAY 2 2007

2012

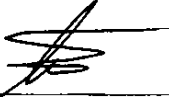
**HUNGRY MAN PALACE, INC.**

13001 N.W. 7 AVENUE  
NORTH MIAMI FL 33168 US

Attention: Florida Department of State, Division of Corporation  
Reinstatement Division.

I am asking that the reinstatement fee be waived because I did not received the annual notice for the Annual Report and further more I was not aware that I had to do this every year. As you can see that I did use a lawyer to incorporate the business for me and I was depending on him to do these things for me. Please I am asking that you waived the reinstatement fee.

Thank you,



ANGELA G WILSON P/D