

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # P04000109000**

1. Entity Name  
**CHUNY'S CORP.**



**FILED**  
2006 DEC 14 AM 10:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**169 E FLAGLER ST STE 1534  
MIAMI, FL 33131**

Mailing Address  
**169 E FLAGLER ST STE 1534  
MIAMI, FL 33131**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

12122006

REIN-P

CR2E098 (11/05)

4. FEI Number  
**20-1420567**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MIRALLES, SILVIA  
6538 COLLINS AVE #203  
MIAMI BEACH, FL 33141**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and time if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**12/01/06**

**FILE NOW!!! FEE IS \$150.00**

After January 1, 2007, Fee will be \$300.00

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

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete  
NAME **MIRALLES, SILVIA BEATRIZ**  
STREET ADDRESS **6538 COLLINS AVE #203**  
CITY-ST-ZIP **MIAMI BEACH, FL 33141**

TITLE **DS** ☐ Delete  
NAME **BINDI, PATRICIA ELENA**  
STREET ADDRESS **6538 COLLINS AVE #203**  
CITY-ST-ZIP **MIAMI BEACH, FL 33147**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**400082542094**  
**12/14/06--01027--002 \*\*\$150.00**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**12/01/06**

Date

Daytime Phone #

**786.426-7418**