

05/15/2008 THU 13:06 FAX

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 MAY 15 PM 2:50

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P04000129499

1. Corporation Name

**MULTIMEALS, INC.**

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

**4305 S SEMORAN BLVD**

3. Mailing Office Address

**4305 S. Semoran Blvd**

Suite, Apt. #, etc.

**#7**

Suite, Apt. #, etc.

**#7**

City & State

**ORLANDO FL**

City & State

**Orlando FL**

Zip

**32822**

Country

**US**

Zip

**32822**

Country

**US**

CR2E081 (1/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

**09/14/2004**

5. FEI Number

**26-2590598**

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

**BRENDA GONZALEZ**

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

**4305 S SEMORAN BLVD**

Suite, Apt. #, Etc.

**#7**

City

**ORLANDO**

State  
**FL**

Zip Code  
**32822**

☒ 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

Date

REGISTERED AGENT MUST SIGN

**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
<b>P</b>	<b>BRENDA GONZALEZ</b>	<b>4305 S SEMORAN BLVD #7</b>	<b>ORLANDO FL 32822</b>

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:

**Brenda Gonzalez**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

RECEIVED

TS 5/15/08  
05-48

05/15/2008 THU 13:05 FAX

0910212  
001/003

Division of Corporations

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Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations  
Fax Number : (850) 617-6384

From:

Account Name : ADVANCE CORPORATE SERVICE, INC.  
Account Number : I20070000146  
Phone : (305) 406-3800  
Fax Number : (305) 406-3999

**CORPORATION REINSTATEMENT**

**MULTIMEALS, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	<del>1600.00</del>

*+600.00/  
Thank you!*

Electronic Filing Menu

Corporate Filing Menu

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