

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P07000082019
1. Corporation Name
HYDEE'S CORP. W1-25663

2. Principal Office Address - No P.O. Box #
4572 Sea Vista Ct
Suite, Apt. #, etc.

3. Mailing Office Address
same
Suite, Apt. #, etc.

City & State
Gulf Breeze Pkwy

City & State
Gulf Breeze Pkwy

Zip Country Zip Country
32563 Santa Rosa

7. Name and Address of Current Registered Agent

Name
Nancy Martinez

Street Address (P.O. Box Number is Not Acceptable)
3111 Woods Way

Suite, Apt. #, Etc.

City State Zip Code
Gulf Breeze FL 32563

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S.

Signature of Registered Agent: *[Signature]* Date: **06/01/2010**
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Haydee Tangarife	4572 Sequista ct.	Gulf Breeze, FL 32563
VP	Nancy Martinez	3111 Woods way	Gulf Breeze, FL 32563

10. E-mail Address: **Liananqui06@hotmail.com**
(To be used for future annual report notification)

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. (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, I further certify, 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]* Date: **05/18/2010** 850-6266498
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10 JUN 17 PM 4:17

SECRETARY OF STATE
TALLahassee, FLORIDA

600181341756
06/17/10--01035--013 **158.75

600181341756
05/25/10--01032--002 **300.00

REINSTATEMENT 08-10

4. Date Incorporated or Qualified to Do Business in Florida **7/18/2007**

5. FEI Number **26-0597672**
Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED

PROFIT CORPORATIONS ONLY

The \$600.00 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.

6/18/10