

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2016 DEC 30 PM 3:30

DOCUMENT # P 150000 64783

1. Corporation Name

HEMMINGWAYS BISTRO INC

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

419 E SHELDON

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DANIA

City & State

FL

Zip

33004

Country

BROWARD

Zip

3304

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

47-4693620

☐ 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

BLAIR MANAGNET GROUP

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

6412 UNIVERSITY

Suite, Apt. #, Etc.

City

TAMALAC

State

FL

Zip Code

33321

900293774639  
12/30/16--01023--019 \*\*150.00

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

[Signature]

Date 12/22/16

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
P	CAMILIA MERINDINO	945 S Federal #38	DANIA FL <del>33004</del> 33004
VP	KARAH RAHILL	945 S Federal #38	DANIA FL 33004

REINSTATEMENT

DEC 30 2016

R. HUNT

10. E-mail Address: RAHILLNIK @ AOL.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. 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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

[Signature] K. RAHILL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/28/16

Date

954 278 6000

Daytime Phone #