06/24/1997 16:11 3056729110 MIAMI OFFICE APPROVED AND FILED PAGE 01

H97000010162

APPLICATION FOR REINSTATEMENT	**FLORIDA DEPARTMENT OF STATE** **Jim Smith** **Secretary of State** **DIVISION OF CORPORATIONS**	1997 JUN 25 PM 5:10 DO NOT WRITE IN THIS SPACE SECRETARY OF STATE TALLAHASSEE, FLORIDA

Read Instruction on Other Side Before Making Entries
Make Check Payable To: *Department of State*

1. Name and Mailing Address of Corporation: DOCUMENT # P95000048123

H & M Pizza Inc.
2331 NW 186th Avenue
Pembroke Pines, FL 33029

2. If Address in Block 1 is incorrect in any way, enter the correct address below:

Address

City and State | Zip Code

3. If principle Office Address is different from mailing address, enter address below:

Address

City and State | Zip Code

1997 JUN 25 PM 5:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
APPROVED AND FILED

4. Date Incorporated or Qualified To Do Business in Florida	5. FEI Number			6. $8.75 Additional Fee required for a Certificate of Status
June 19, 1997	65-0591958	☐	FEI Number Applied For	
		☐	FEI Number Not Applicable	CERTIFICATE OF STATUS DESIRED ☐

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

Title(s) 1	Name of Officer and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Director	Hector De Jesus	2331 NW 186th Avenue	Pembroke Pines, FL 33029
Director	Mildred Rodriguez	2331 NW 186th Avenue	Pembroke Pines, FL 33029
		REINSTATEMENT	96-97
			SCC 6-25-97

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

Corporate Creations Enterprises, Inc.
4521 PGA Boulevard #211
Palm Beach Gardens, FL 33418

9. If changed, new registered agent/office

Name: Hector De Jesus
Street Address (Do NOT Use P.O. Box Number): 2331 NW 186th Avenue
Street Address (Do NOT Use P.O. Box Number):
City: Pembroke Pines | State: FL | Zip: 33029

10. I, Being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505.F.S.

Signature of Registered agent: [signature] Date 6/20/97

REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐

12. Does this corporation pay any intangible tax to the Department of Revenue under S. 199.032, Florida Statutes. YES ☐ NO ☑

13. 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. 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 of Officer or Director: [signature] Date 6/20/97 Daytime Phone # 954-385-8200

Typed or printed name of signing officer or director: Hector De Jesus

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6/20/97 FLORIDA DIVISION OF CORPORATIONS 9:52 AM

PUBLIC ACCESS SYSTEM

ELECTRONIC FILING COVER SHEET

(((H97000010162 0)))

TO: DIVISION OF CORPORATIONS FAX #: (904)922-4000

FROM: CORPORATE CREATIONS INTERNATIONAL INC. ACCT#: 073171003004

CONTACT: ~~JOHNNY C RODRIQUEZ~~ Luis

PHONE: (305)672-0686 FAX #: (305)672-9110

NAME: H & M PIZZA INC.

AUDIT NUMBER......H97000010162

DOC TYPE..........CORPORATION REINSTATEMENT

CERT. OF STATUS..0 PAGES....... 2

CERT. COPIES......0 DEL.METHOD.. FAX

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** ENTER 'M' FOR MENU. **

ENTER SELECTION AND <CR>: