	PLEASE READ	ALLINST	RUCTIONS	BEFORE C	COMPLET	ING THIS FO	·RM.
APPLICATION FLORIDA			A DEPARTMENT OF STATE Sandra B. Mortham Secretary of State		1		
REINSTATEMENT DIVISION OF CORPORATIONS					98 JAN 26 PH 5: 05		
DOCUMENT # P96000096076 1. Corporation Name HUNGRY 4 U, INC.					SEOFEL OF STATE TALLAMASSEE, FLORIDA		
			iross St Causeway Age FL 33141				
If above addresses are incorrect in any way, line through incorr 2. New Principal Office Address, If Applicable 3. New			formation and enter ong Office Address, If		4. Date Incorp	orated or Qualified ness in Florida	44/00/4000
Suite, Apt. #, etc. Suite, Apt			etc.		To Do Busir 5. FEI Number		11/20/1996 Applied For
City & State City					65 -	0716511	Not Applicable
Zip	Country	Zip	Country		CERTIFICATE	OF STATUS DESIRED [\$8.75 Additional Fee required for a Certificate of Status
7. Names and Street Addresses of Each Officer and/or Director (Floring Name of Officers and/or Directors			Street Address of Each Officer and/or Director				Sity / State / Zip
P	ROY, ELOY		1740-79TH ST C		lumbers)	N BAY VILLAGE F	L 33141
8	PORTELA, ALEX		1740-79TH ST CAUSEWAY		N BAY VILLAGE FL 33141		
					60	00024: -01/29/90 ****158.	164067 301036008 75 ****158.75
1	REINSTATEMENT 97-98						7-98
							16406-0038
8. Name and Address of Current Registered Agent Name					9. Name and Address of New Registered Agent		
SIMONS, BARRY L -2001 S BAYSHORE DR -8UITE_1776 TO COCONUT GROVE FL 33193				Street Address (P.O. Box Number is Not Acceptable) A7DD SWITH DIX IS HIGHWAY Suite, Apt. #, Etc. City MIAMI State Zip Code FL 33156			
10. I, being appointed the registered agent of the above pamed corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent Date 1/12/97							
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tex.)							
this rein: owed by	that I am an officer or director or the rece statement application, the reason for dist or the corporation have been paid and the application is true and accurate, and my s	solution has been of individual	eliminated, the corporate that t	rate name satisfies to n do not qualify for a	the requirements an exemption und	of section 607,0401 or	617.0401, F.S., that all fees
SIGNAT	TURE: SIGNATURE AND TYPES ON P		OY COY	HRECTOR		1/6/37 Date	866-4687 Daylime Phone #

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