

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

97 AUG 18 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V 69657

1. Corporation Name
Stefano Espresso, Inc.

Principal Place of Business Mailing Address
7301 S.W. 148th Ct
MIAMI, FL 33193

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/8/92	
City & State		City & State		5. FEI Number	
Zip		Country		59-3207215	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P, T	PATRICK Aedo	5555 COLLINS AVE MIAMI BEACH, FL 33140	MIAMI BEACH, FL 33140
VP, S	SCOTT RODRIGUEZ	7301 S.W. 148th Ct	MIAMI, FL 33193
			300002272289--7 -08/20/97--01069--003 ***1088.75 ***1088.75
REINSTATEMENT 95-97			
A. Alan 8/18/97			

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
		Name SCOTT RODRIGUEZ	
		Street Address (P.O. Box Number is Not Acceptable) 7301 S.W. 148th Court	
		Suite, Apt. #, Etc.	
		City MIAMI	State FL
		Zip Code 33193	

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: x Scott D. Rodriguez REGISTERED AGENT MUST SIGN Date: 8-14-97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. 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 under section 119.07(3)(i), 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: x Scott D. Rodriguez SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 8-14-97 Daytime Phone #: (305) 388-8425

CPRE040 (12/96)