| PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|--------------------------------------------------------------------------------------------|
| CORPORATION (| FLORIDA DEPARTMENT OF STATE | FILED |
| REINSTATEMENT | Secretary of State DIVISION OF CORPORATIONS | 03 OCT 30 PM 1:30 |
| | | SECRETABY OF STATE TALLAHASSEE, FLORIDA |
| DOCUMENT # 37640\ | | TALLAHASSER, PLOTION |
| gold Cup Coffee Service and | | } |
| 4.5 004 01100 | ON THE | |
| | | 900024290429 10/30/0301053020 **750 00 |
| 2. Principal Office Address 4108 Gull Hwy. | 3. Mailing Office Address | REINSTATIVIEN 03 |
| Suite, Apt. #, etc. | P.O. Box 272024 Suite, Apt. #, etc. | |
| | | 4. Date incorporated or Qualified To Do Business in Florida Od 01 1471 |
| TAMPA, Florida Zip Country | TAMPA FLOW DA | 5. FEI Number Applied For Sq-1323267 Not Applied by |
| 33618-8726 U.S.A. | 33688.5017 Country | CERTIFICATE OF STATUS DESIRED 2 \$8.75 Additional Fee required for a Certificate of Status |
| * | 7. Name and Address of Current Registe | ered Agent |
| Name William J. | BUPTON JR | |
| Street Address (P.O. Box Number is Not Acceptable) 3310 Mc FAFIAND PD | | |
| Suite, Apt. #, Etc. | THEIRIOD ED | |
| City | J | State Zip Code 33618 |
| 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 Date Date | | |
| Signature of Registered Agent Date Date Date Date | | |
| 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 Eac Officer and/or Direct | |
| CEO.D William J. BURTON | Je 3310 Mcfaela | ON B TAMPA, FL 33618 |
| D ELIZABETH L. BUE- | 10N P.O. Box 272024 | Jampa, FL 33618 |
| CO.D STEVEN D. Clocks | 16914 Filly LANE | Odessa FL 33556 |
| PTCF PONAL O. FOLEY | 2722 JETTON AU | 16 TAMPA H 33629 |
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| | | |
| 10. 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: LONAL D. DILLY CONAL D. FOLOY 10/27/2003 (813) 963-3333 | | |