

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Kathleen Harris
Secretary of State
DIVISION OF CORPORATIONS

01-02 UBR

FILED

02 FEB -1 PM 3:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 492010

1. Corporation Name

CAFE GARDENS, INC.

Principal Place of Business

1643 NW 1ST AVE
P. O. BOX 13151
GAINESVILLE FL 32603
US

Mailing Address

PO BOX 13151
P. O. BOX 13151
GAINESVILLE FL 32604-1151
US

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

12/04/1975

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1656975

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. 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 (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PC	MCKINNEY STEPHEN R	2101 NW 22ND ST 2261 NW 8th AVE	GAINESVILLE FL 32603
S	MCKINNEY, JANE P.	2101 NW 22ND ST 2261 NW 8th AVE	GAINESVILLE FL 32603

500004916155--2
-02/13/02--01082--025
***300.00 ***300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LS

MCKINNEY, STEPHEN R.
1643 N.W. 1ST AVE
P. O. BOX 13151
GAINESVILLE FL 32603

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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]

REGISTERED AGENT MUST SIGN

Date

1/29/02

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., 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

1/29/02

Date

Daytime Phone #

352 376-2233

CR2040 (8/01)



Fine Food & Spirits Since 1976
Gainesville / ~~Sarasota~~

Dept. of State
Division of Corporations
P. O. Box 6327
Tallahassee, Fl 32314

Re: Cafe Gardens, Inc.
Doc # 492010

Dear Sir or Madam:

Please reinstate the above referenced corporation without penalty as I did not receive the renewal notice last year.

I have enclosed a check for \$300.00 for fees for 2001 and 2002.

Thank you, for your consideration in this matter.

Sincerely,

Stephen R. McKinney
President
Cafe Gardens, Inc.

cafe gardens, inc.

~~4622 W. University Ave~~

P.O. Box 13151