

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

FILED

98 DEC 24 PM 6:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F96000004862

1. Corporation Name

ESPRESSO EXPRESS, INC

Mailing Address

Principal Place of Business

REINSTATEMENT

98

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

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable

2311 10th AVE NORTH

3. New Principal Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

09/20/96

Suite, Apt. #, etc.

Suite ONE

Suite, Apt. #, etc.

5. FEI Number

88-0331807

Applied For

Not Applicable

City & State

LAKE WORTH, FL

City & State

Zip

33461

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 (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D, P, T	SHADD VICKERY	2311 10th Ave, Suite 1	LAKE WORTH, FL 33461
D, V, S	PATRICK ALBRIGHT	2311 10th Ave, Suite 1	LAKE WORTH, FL 33461

300002730803--7  
-01/05/99--01075--006  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LINDA M. GRANATA ESQ  
12700 BISCAYNE Blvd, Suite 401  
NORTH MIAMI, FL 33181

Name LINDA M. GRANATA ESQ  
Street Address (P.O. Box Number is Not Acceptable)  
18219 NE Fifth Ave  
Suite, Apt. #, Etc.  
City MIAMI  
State FL  
Zip Code 33179

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 12/10/98

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

12. 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.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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: Shadd Vickery President Shadd Vickery President 12-14-98 561 588-3221  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF12E040 (6/94)