

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # G34658

1. Entity Name
COFFEE STOP INC.



FILED

2007 DEC -3 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
224 E CENTRAL BLVD
BOYNTON BCH., FL 33426

Mailing Address
224 E CENTRAL BLVD
#16
BOYNTON BCH., FL 33426

2. Principal Place of Business - No P.O. Box #
224 E. Central Blvd.
Suite, Apt. #, etc.

3. Mailing Address
224 E. Central Blvd.
Suite, Apt. #, etc.



City & State
Lantana, FL
Zip 33462 Country USA

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Zip 33462 Country USA

4. FEI Number
59-2288265
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROBERTS, PAT
224 E CENTRAL BLVD
LANTANA, FL 33462

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Pat Roberts PAT ROBERTS
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

11-30-07
DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2008, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PVT
NAME ROBERTS, JOHN
STREET ADDRESS 224 E CENTRAL BLVD
CITY-ST-ZIP LANTANA, FL 33462 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John Roberts JOHN ROBERTS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 11-30-07 561-582-6536
Date Daytime Phone #