

APPROVED  
AND  
FILED



97 FEB 19 PM 1:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Supremo Coffee House, Inc.

P.O. BOX  
593575  
ORL. FL  
328593575

52

JULY 7, 1986

59-2722348

Applied For

Not Applicable

6. **CERTIFICATE OF STATUS DESIRED**

**\$8.75 Additional Fee required  
for a Certificate of Status**

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	Joseph F. Lento	5088 STRATEMEX RD	ORLANDO, FL 32839
VP	Dianne M. Lento	5088 STRATEMEX RD	ORLANDO, FL 32839
			600002093186--5
			-02/20/97--01050--009
			*****500.00 *****500.00
			<b>REINSTATEMENT</b> <u>95-97</u>
			A. Alan
			600002093186--5

**REINSTATEMENT**

95-97

A. Alan

600002093186-5

02/20/97 01050 010  
 088 of New Registered Agent \*\*\*500 0

**9. Name and Address**

JOSEPH F. Lento  
5088 STRATEMEYER DR.  
ORLANDO, FL. 32835

Name \_\_\_\_\_

N/A

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

Suite, Apt. #, Etc.

600002093186--5

-12/20/97-01050-011  
 #####88 Date Zip Code #####

07.0505. F.S.

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

James F. Lester  
F. Lester  
REGISTERED AGENT MU

**REGISTERED AGENT MUST SIGN**

Date 2-14-97

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH, F. LENTO

2-14-97 407-859-8431

Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_

CR2E040 (12/96)