

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 FEB 19 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 122486

1. Corporation Name
Supremo Coffee House, Inc.

Principal Place of Business Mailing Address
5088 STRATEMEYER DR. P.O. BOX
ORLANDO, FL 32839 593575
ORL FL 328593575

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

2. New Principal Office Address, if Applicable 5088 STRATEMEYER DR Suite, Apt. #, etc.		3. New Mailing Office Address, if Applicable P.O. BOX 593575 Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida JULY 7, 1986	
5. FEI Number 59-2722348		Applied For		Not Applicable	
City & State ORLANDO - FL		City & State ORLANDO, FL		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
Zip 32839	Country USA	Zip 32859-3575	Country USA		

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
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 STRATEMEYER DR	ORLANDO, FL 32839
VP	DIANNE M. LENTO	5088 STRATEMEYER DR	ORLANDO, FL 32839
			600002093186--5 -02/20/97--01050--009 *****500.00 *****500.00
			REINSTATEMENT 95-97 G. Alan
			600002093186--5 -02/20/97--01050--010 *****88.75 *****88.75

8. Name and Address of Current Registered Agent JOSEPH F. LENTO 5088 STRATEMEYER DR, ORLANDO, FL. 32839		9. Name and Address of Current Registered Agent Name N/A Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. 600002093186--5 City -02/20/97--01050--011 *****88.75 State FL *****88.75	
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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 Joseph F. Lento 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: Joseph F. Lento 2-14-97 407-859-8431
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
JOSEPH F. LENTO

CR2E040 (12/96)