MAR. 23. 1999 11:56AM READ HARLLEE PORGES TIONS BEFORE COMPLETING TH NO. 8522 P 2/2

APPLICATION FOR REINSTATEMENT

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

FILED
99 MAR 23 PM 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J31897

1. Corporation Name

CAFE ROBAR, INC.

Principal Place of Business	Mailing Address
~~204 PINE AVENUE~~ ~~ANNA MARIA FL 34216~~	~~804 PINE AVENUE~~ ~~ANNA MARIA FL 34216~~

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

[redacted] 98 59

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
1205 Manatee Ave. W.	1205 Manatee Ave. W.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Bradenton, FL	City & State: Bradenton, FL
Zip: 34205 Country: Manatee	Zip: 34205 Country: Manatee

4. Date Incorporated or Qualified To Do Business in Florida: 09/04/1986

5. FEI Number: 59-2714785 ☐ Applied For ☐ Not Applicable

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
~~PVS~~	~~BLANTON, EDWIN H.~~	~~620 HOWARD AVE~~	~~LAKELAND FL~~
~~TD~~	~~BLANTON, EDWIN H.~~	~~620 HOWARD AVE~~	~~LAKELAND FL~~
PD	BLANTON, LISE	10305 Waterbird Way	Bradenton, FL 34209
DS	NAJMY, JOSEPH L.	1205 Manatee Ave. W.	Bradenton, FL 34205

3/23/99

8. Name and Address of Current Registered Agent

LEVIN, JEROME, ESQ.
2621 MALL DR.
SARASOTA FL 34231

9. Name and Address of New Registered Agent

Name: Joseph L. Najmy, Esq.
Street Address (P.O. Box Number is Not Acceptable): 1205 Manatee Ave. W.
Suite, Apt. #, Etc.:
City: Bradenton State: FL Zip Code: 34205

CR2E040 (9/97)

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: 3/19/99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 3/19/99 Daytime Phone #: 941-748-3770

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