

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

11 MAY -9 PM 3:33

DOCUMENT # L090000 88742

1. Corporation Name

ICAYE SIDEWALK CAFE LLC
326 N. CONGRESS AVE SUITE 326
BOYNTON BEACH, FL. 33426-3413

2. Principal Office Address - No P.O. Box #

326 N. CONGRESS AVE

3. Mailing Office Address

326 N. CONGRESS AVE

Suite, Apt. #, etc.

SUITE 326

Suite, Apt. #, etc.

SUITE 326

City & State

BOYNTON BEACH, FL.

City & State

BOYNTON BEACH, FL.

Zip

33426-3413

Country

FLORIDA

Zip

33426-3413

Country

FLORIDA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

4/1/10

5. FEI Number

27-0935766

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ICAYE D. ALGISS

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

5640 W. ATLANTIC AVE

Suite, Apt. #, Etc.

403

City

BOYNTON BEACH

State

FL

Zip Code

33426

800207572928
05/12/11--01004--005 **377.50

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

5/2/11

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|-------------------------|
| Pres | ICAYE D. ALGISS | 5640 W. ATLANTIC AVE APT 403 | BOYNTON BEACH, FL 33426 |
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REINSTATEMENT

2010-2011

[Signature]

10. E-mail Address:

(To be used for future annual report notification)

11. 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. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/2/11

Daytime Phone #