

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L85430

1. Corporation Name

Cafe Med of Miami, Inc.

2. Principal Office Address

3015 Grand Avenue

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33133

Country

USA

3. Mailing Office Address

3 East 54th Street

Suite, Apt. #, etc.

Suite 1265

City & State

NY, NY

Zip

10022

Country

USA

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

7/6/90

5. FEI Number

65-0237934

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

Jay Lenhoff

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

4350 Hillcrest Boulevard

Suite, Apt. #, Etc.

Building 22, Unit 510

City

Hollywood

State

FL

Zip Code

33121

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

REGISTERED AGENT MUST SIGN

Date 2/24/00

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

Titles P/S/D	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
	Roberto Ruggeri	3 East 54th Street Suite 1265	NY, NY 10022
			LS

10. 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)(l), 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

Roberto Ruggeri

2/28/00

212-593-3570

Daytime Phone #

CR2E081 (9/9/97)