

2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

04 NOV 18 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L85430					
1. Entity Name CAFE MED OF MIAMI, INC.					
Principal Place of Business 3015 GRAND AVENUE MIAMI, FL 33133			Mailing Address 551 MADISON AVENUE SUITE 1601 NEW YORK, NY 10022		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0237934	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
5. Name and Address of Current Registered Agent PARALEGAL & ATTORNEY SERVICE BUREAU, INC. 1406 HAYS STREET, STE 2 TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent HIQ CORPORATE SERVICES, INC. 526 East Park Avenue-Suite 200 Tallahassee, FL 32301	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u><i>Dawn A Black</i></u> <u><i>Corporate Secretary</i></u> <u><i>11-17-04</i></u> Signature, name, or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RUGGERI, ROBERTO 551 MADISON AVENUE NEW YORK, NY 10022	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	700042867317 11/18/04--01043--001 **758.75	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: <u><i>[Signature]</i></u> <u><i>1-19/04</i></u> <u><i>11-593-357</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #					



10212004 REIN-P CR2E088 (6/04)