


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

01 JUN 11 PM 6:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M69543

1. Corporation Name

GOURMET CAFE + MARKET, INC.

2. Principal Office Address

2578 COCO PLUM BLVD.

Suite, Apt. #, etc.

3. Mailing Office Address

2578 COCO PLUM BLVD.

Suite, Apt. #, etc.

203

City & State

BOCA RATON, FL

Zip

Country

33496

U.S.A.

City & State

BOCA RATON, FL

Zip

Country

33496

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

2/25/1988

5. FEI Number

65-0034878

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

§ 75. Application Fee required
for a certificate of status.

7. Name and Address of Current Registered Agent

Name

MYRA SALZMAN

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

2578 COCO PLUM BLVD.

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33496

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0603, F.S.

Signature of
Registered Agent

X Myra Salzman

REGISTERED AGENT MUST SIGN

Date X 06-07-01

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
DP	MYRA SALZMAN	2578 COCO PLUM BLVD.	BOCA RATON, FL 33496

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)(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:

X Myra Salzman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 06-07-01

Date

Daytime Phone #

CR-2501 (9/00)