

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 MAY 14 PM 5:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P 000000 13907**

1. Corporation Name

STELLA'S PIANO CAFE, INC.

500005610625--0

-05/24/02--01058--023

*****900.00 ***900.00**

2. Principal Office Address

1521 MARGARET ST.

3. Mailing Office Address

1521 MARGARET ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

Zip

32204

Country

USA

Zip

32204

Country

USA

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

FEB 3, 2000

5. FEI Number

593633155

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

MARTHA BONNEAU

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

1555 BELMONTE ST.

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32207

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

Martha Bonneau
REGISTERED AGENT MUST SIGN

Date

May 12, '02

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
P	MARTHA BONNEAU	1555 BELMONTE ST.	JACKSONVILLE FL 32207
V	EDWIN BONNEAU	1521 MARGARET ST.	JACKSONVILLE FL 32204

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: Martha Bonneau
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAY 12 '02
Date

(904) 353-2900
Daytime Phone #

CR2E081 (9/01)



ACCOUNT NO. : 072100000032

REFERENCE : 578829 7335680

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE : May 14, 2002

ORDER TIME : 11:35 AM

ORDER NO. : 578829-005

CUSTOMER NO: 7335680

CUSTOMER: Ms. Martha I. Bonneau
Martha I. Bonneau
1560 Lancaster Terrace, #406

Jacksonville, FL 32204

DOMESTIC FILINGS

NAME: STELLA'S PIANO CAFE, INC.

RECEIVED
02 MAY 14 PM 12:11
DEPARTMENT OF STATE
BUREAU OF CONSTITUTIONS
TALLAHASSEE, FL 32304

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull

EXAMINER'S INITIALS _____