

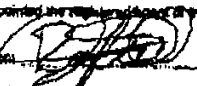
FROM :

FAX NO. : 954-966-5273

Mar. 15 2002 01:24PM P3

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P00000027751 1. Corporation Name cafe' coppelia inc.			
2. Principal Office Address 14202 SW 103RD TER Suite Apt. #, etc.		3. Mailing Office Address 14202 SW 103RD TER Suite, Apt. #, etc.	
City & State MIAMI, FLORIDA Zip 33186 Country USA		4. Date incorporated or Questioned To Do Business in Florida 5. FEI Number 65-0991963 Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED ☐	
7. Name and Address of Current Registered Agent Name RAFAEL CORTINA Street Address (P.O. Box Number is Not Acceptable) 14202 SW 103RD TERR. Suite, Apt. #, Etc. MIAMI, FLA. 33186 City State Zip Code FL			
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0605 or 817.0605, F.S. Signature of Registered Agent  Date 03/15/02 REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	rafael cortina	14202 SW 103RD TERR	MIAMI, FLA. 33186
VP	MARISOL OCHOA	14202 SW 103RD TERR	MIAMI, FLA. 33186
VP	maibelys gonzalez	14202 SW 103 RD TERR.	MIAMI, FLA. 33186
10. I certify that I am an officer or director of the register or trustee empowered to execute this application as provided for in chapter 807 or 817, F.S. (If true, certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 807.0401 or 817.0401, 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)(b), 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  2-22-02 PRINTED AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR Date			

02 MAR 15 PM 1:48

REINSTATEMENT 01-02

(((H02000057756 7)))

FROM :

FAX NO. : 954-966-5273

Mar. 15 2002 01:23PM P1
<https://ccfss1.dos.state.fl.us/scripts/efilecovr.exe>

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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To:

Division of Corporations
Fax Number : (850) 205-0384

From:

Account Name : M.A.V. CORPORATE SERVICES
Account Number : 120000000007
Phone : (954) 989-4530
Fax Number : (954) 966-5273

CORPORATION REINSTATEMENT

CAFE' COPPELIA INC.

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