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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

02 MAR 15 PM 1:48
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P00000027751

1. Corporation Name
cafe' coppelia inc.

REINSTATEMENT 01-02

2. Principal Office Address	3. Mailing Office Address
14202 SW 103RD TER	14202 SW 103RD TER
Suite, Apt. #, etc.	Suite, Apt. #, etc.
MIAMI, FLORIDA	MIAMI, FLA.
Zip 33186 Country USA	Zip 33186 Country USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 65-0991963 Applied For / N/A 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.
City: MIAMI, FLA. 33186
State: FL Zip Code:

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: [signature] Date: 03/15/02

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit 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. 3318
VP	MARISOL OCHOA	14202 SW 103RD TERR	MIAMI, FLA. 33186
VP	maibelys gonzalez	14202 SW 103 RD TERR.	MIAMI, FLA. 33186

3/13/15

10. I certify that I am an officer or director of the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. (agent may certify but 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: [signature] 2-23-02
SIGNATURE AND TYPED OR PRINTED NAME OF INCOMING OFFICER OR DIRECTOR — Date — Daytime Phone #

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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.

Certificate of Status	1
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