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 23 PM 2:
SECRETARY OF STA
TALLAHASSEE, FL

**REINSTATEMENT**

DOCUMENT # P00000051778

1. Corporation Name
CAFFE PASCUCCI TORREFAZIONE USA CORP.

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 2601 S Bayshore Drive | 2601 S Bayshore Drive |
| Suite, Apt. #, etc. Suite 600 | Suite, Apt. #, etc. Suite 600 |
| City & State Miami, FL 33133 | City & State Miami, FL 33133 |
| Zip 33133 / Country USA | Zip 33133 / Country USA |

4. Date Incorporated or Qualified To Do Business in Florida 05/26/2000

5. FEI Number 65-1029720

6. CERTIFICATE OF STATUS DESIRED ☐

01-02

7. Name and Address of Current Registered Agent

Name: HE&P REGISTERED AGENT CORP.
Street Address (P.O. Box Number is Not Acceptable): 2601 S. Bayshore Drive
Suite, Apt. #, Etc.: Suite 600
City: Miami
State: FL
Zip Code: 33133

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: Arthur G. Furia
REGISTERED AGENT MUST SIGN
Date: May 20, 2002

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 |
|---|---|---|---|
| D | Alberto Pascucci | 2601 S. Bayshore Drive, #600 | Miami, FL 33133 |
| D | Mario Pascucci | 2601 S. Bayshore Drive, #600 | Miami, FL 33133 |
| | | | |
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300005[illegible]

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 with the reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and 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. This information is typed on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Mario Pascucci, Forever Attorney 5/20/02 (305)859-7700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ACCOUNT NO. : 072100000032

REFERENCE : 594031 11654A

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 900.00

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ORDER DATE : May 23, 2002

ORDER TIME : 1:52 PM

ORDER NO. : 594031-005

CUSTOMER NO: 11654A

CUSTOMER: Ms. Nannette M. Laurion
Holtzman Equels & Furia
2601 South Bayshore Drive
Suite 600
Miami, FL 33133

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DOMESTIC FILINGS

NAME: CAFFE PASCUCCI TORREFAZIONE USA CORP.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Angie Glisar

EXAMINER'S INITIALS _____

RECEIVED
02 MAY 23 PM 2:53
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA