

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

03 OCT 29 PM 4:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDACORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # p00000090188

1. Corporation Name

JAVA CAFE, INC.

2. Principal Office Address

3550 Biscayne Blvd.

Suite, Apt. #, etc.

Suite 308

City & State

Miami, Fl. 33137

Zip

Country

3. Mailing Office Address

3550 Biscayne Blvd.

Suite, Apt. #, etc.

Suite 308

City & State

Miami, Fl. 33137

Zip

Country

REINSTATEMENT 02-03

4. Date Incorporated or Qualified
To Do Business in Florida

09-25-2000

5. FEI Number

651042759

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

Chana S. Feldman

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

3550 Biscayne Blvd.

Suite, Apt. #, Etc.

Suite 308

City

Miami

State

FL

Zip Code

33137

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

Date 10-29-2003

REGISTERED AGENT MUST SIGN

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/D	Chana S. Feldman	3550 Biscayne Blvd. Suite 308	Miami, Fl. 33137

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)(f), 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:

Chana S. Feldman

10-29-03

305-801-6318

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

H03-306810

Jk