


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 04 JUN 21 PM 2:46 SECRETARY OF STATE TALLAHASSEE, FLORIDA
DOCUMENT # P00000096299			
1. Corporation Name CAFE BANDOLI, INC.			
2. Principal Office Address 942 Cumberland Circle Suite, Apt. #, etc.		3. Mailing Office Address 942 Cumberland Circle Suite, Apt. #, etc.	
City & State Clermont, FL		City & State Clermont, FL	
Zip 34711	Country USA	Zip 34711	Country USA
4. Date Incorporated or Qualified To Do Business in Florida 10/12/2000		5. FEI Number 593674857	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable	
7. Name and Address of Current Registered Agent			
Name Carreen M. Bandoli			
Street Address (P.O. Box Number is Not Acceptable) 942 Cumberland Circle			
Suite, Apt. #, Etc.			
City Clermont		State FL	Zip Code 34711
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 <i>Carreen Bandoli</i>		Date 6/18/04	
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
PD	James F. Bandoli, Jr. PD	942 Cumberland Circle	Clermont, FL 34711
STD	Carreen M. Bandoli STD	942 Cumberland Circle	Clermont, FL 34711
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: <i>Carreen Bandoli</i>		Date 6/18/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # (352) 267-5309	

REINSTATEMENT 01-04

CR2081 (01/04)