PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
09 MAY 11 AM 8:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000007429
Corporation Name
CAFETAL FARM, INC
19400 SW 152 ST.
MIAMI, FL 33187

04/08/09 01003 036 150.00

CR2E081 (12/07)

Principal Office Address - No P.O. Box #	Mailing Office Address
19400 SW 152nd ST	19400 SW 152nd ST
Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State: MIAMI FL
33187 / Country: USA	Zip: 33187 / Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 1-19-01

5. FEI Number: 65-1076055 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name: VICENTE RODRIGUEZ

Street Address (P.O. Box Number is Not Acceptable): 2990 SW 111 AVE

Suite, Apt. #, Etc.

City: MIAMI State: FL Zip Code: 33165

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: _____
REGISTERED AGENT MUST SIGN

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/S/T	VICENTE RODRIGUEZ	2990 SW 111 AVE	MIAMI, FL 33165

REINSTATEMENT

300149167273
05/12/09--01005--013 **150.00

RH

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 contained in Chapter 119, 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: _____ 5-11-09
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Received Time Feb. 20. 10:54AM

Remit (850) 245 6059 A.