

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 DEC 18 PM 5:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # PO1000017810

1. Corporation Name

Vanessa's Cafe' INC.

800139135308  
12/18/08--01031--013 \*\*8.75

800139135308  
12/18/08--01031--012 \*\*300.00

**REINSTATEMENT** 07-08

2. Principal Office Address - No P.O. Box #

7428 NW 13th Ave

Suite, Apt. #, etc.

House

City & State

Miami Florida

Zip

33147

Country

US

3. Mailing Office Address

P.O. Box 3811 77

Suite, Apt. #, etc.

Miami Florida

City & State

Zip

33238

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

02/16/2001

5. FEI Number

651145327

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Vanessa G Roberto

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

7428 NW 13th Ave

Suite, Apt. #, Etc.

House

City

Miami

State

FL

Zip Code

33147

☒ 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.

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

Vanessa Roberto

Date

11-29-2008

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
<u>CEO</u>	<u>Vanessa Roberto</u>	<u>7428 NW 13th Ave</u>	<u>Miami Florida 33147</u>

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 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:

Vanessa Roberto  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

786-312 4903