

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000062506

1. Corporation Name

CENTRAL CAFETERO FLOR DE PATRIA GERONIMO BRICENO
& CIA CORPORATION

Principal Place of Business

Mailing Address

391 E 52 ST
HIALEAH FL 33013

391 E 52 ST
HIALEAH FL 33013

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

3900 NW 79 AVE

3900 NW 79 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

511

511

City & State
Miami, FL

City & State
Miami, FL

Zip Country

Zip Country

33166

33166

4. Date Incorporated or Qualified
To Do Business in Florida

06/21/2001

5. FEI Number

65-1116490

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	BRICENO, RICARDO	391 E 52 ST 3900 NW 79 AVE #511	HIALEAH FL 33013 Miami, FL 33166
D	BRICENO, FRANCISCO	391 E 52 ST 3900 NW 79 AVE #511	HIALEAH FL 33013 Miami, FL 33166

8. Name and Address of Current Registered Agent

PADRON, ELIESER
391 E 52 ST
HIALEAH FL 33013

9. Name and Address of New Registered Agent

Name
Arturo Alejandro Sarjeant Ruiz
Street Address (P.O. Box Number is Not Acceptable)
3900 NW 79 Av. Suite 511.
Suite, Apt. #, Etc.
511
City
Miami
State
FL
Zip Code
33166

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11-15-02

11. 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-15-02

Date

305-463-9324

Daytime Phone #

CR2E040 (8/02)