

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

112

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 SEP -8 PM 8:19

DOCUMENT # P01000082286

1. Corporation Name

CASANOVA'S CAFE, INC.

2. Principal Office Address

8614 N SUWANEE AV

Suite, Apt. #, etc.

City & State

TAMPA

Zip

33614

Country

USA

3. Mailing Office Address

8614 N SUWANEE AV

Suite, Apt. #, etc.

City & State

TAMPA

Zip

33614

Country

USA

REINSTATEMENT

02-03

**4. Date Incorporated or Qualified
To Do Business in Florida**

AUG 20, 2001

5. FEI Number

65-1135433

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

TEREE L HIGGINS

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

2714 W CLUSTER AV

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33614

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

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
D	TEREE L HIGGINS	2714 W CLUSTER AV	TAMPA FL 33614
D	MARTHA S RIDGEWAY	2714 W CLUSTER AV	TAMPA FL 33614

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SEP 3, 03 (813) 935-1273

Date

Daytime Phone #

POA for
T. Higgins / M. Ridgeway

2/2

Tampa September 3, 2003

FLORIDA DEPARTMENT OF STATE

Division of Corporations

P.O. Box 6327

Tallahassee FL 32314

Atn: Andy Dunlap

Dear Sir:

As we spoke some minutes ago, attached to this letter you will find the Corporation Reinstatement Form properly filled with the company and officers information to renew the company charter FY2002 without penalties base on the non reception of the UBR report for that period. The fees for the correspondent renewal was already been send to you and has already clear out our bank.

The UBR FY2003 has been send to you and the check has been clear out our bank also, so we don't think that year 2003 should represent a problem.

Attached to this letter you would also find a copy of the Form DR-835 power of attorney that the mentioned officers issued under my name to represent them on situations like this.

Thanks in advance for your attention, sincerely,



Juan Santaella