

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 FEB 16 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PO10000 86432

1. Corporation Name

Cafe Crepe, Inc.

REINSTATEMENT 02-04

400028789534
02/16/04--01025--031 **1050.00

2. Principal Office Address 1915 Trade Center Way		3. Mailing Office Address 963 Trail Terrace Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Naples, Florida		City & State Naples, Florida	
Zip 34109	Country USA	Zip 34103	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 08/30/2001	
5. FEI Number 593738372	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name Edward M. Livingston		
Street Address (P.O. Box Number is Not Acceptable) 963 Trail Terrace Drive		
Suite, Apt. #, Etc.		
City Naples	State FL	Zip Code 34103

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

Edward M. Livingston

Date

2/12/04

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
PST/D	Riess, Robert	1915 Trade Center Way	Naples, FL 34109

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

Robert Riess
Robert Riess

Date

2/10/04

Daytime Phone #

239-592-7611

CR2E081 (10/02)