

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.  
FILLED

CORPORATION  
REINSTATEMENT



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

DOCUMENT # P01000091567

1. Corporation Name

COFFEE ACQUISITION, INC.

03 JAN - 8 PM 2:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Office Address

14812 ENCLAVE PRESERVE CIR. 14812 ENCLAVE PRESERVE CIR.

Suite, Apt. #, etc.

UNIT T-4

3. Mailing Office Address

Suite, Apt. #, etc.

Unit T-4

City & State

DelRAY Beach, FL

City & State

DelRAY Beach, FL

Zip

33484

U.S.A

Zip

33484

Country

U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

9/14/2001

5. FEI Number

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

Michael R. Romm

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

2189 S.E. 9th STREET

0000009956470

01/08/03-01056-001 #756 00

Suite, Apt. #, Etc.

City

Pompano Beach

State

Zip Code

FL 33062

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

*Michael Romm*

Date 1-6-03

REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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
P/D	REX LUTZ	14812 ENCLAVE PRESERVE CIR.	DelRAY Beach, FL 33484

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:

*John - REX LUTZ*

1/6/03

Date

Daytime Phone #