

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY -2 AM 8:20

DOCUMENT # *P01000114997*

1. Corporation Name

CYPO CAFE, INC.

000074527820
05/12/06--01025--024 **1050.00

2. Principal Office Address

7125 ABBOTT AVE.

Suite, Apt. #, etc.

3. Mailing Office Address

7125 ABBOTT AVE.

Suite, Apt. #, etc.

City & State

MIAMI BEACH FL

City & State

MIAMI BEACH FL

Zip

33141

Country

U.S.A.

Zip

33141

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

12/5/2001

5. FEI Number

65-1157711

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT *04-06*
CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

MICHAEL PEREZ

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

287 PARK BLVD.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33126

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 Perez

Date

4/28/2006

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
<i>P</i>	<i>SANDRA LUIZA OLIVEIRA</i>	<i>780 82 St. #4</i>	<i>MIAMI BEACH FL 33141</i>

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:

Sandra Luiza Oliveira
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-06
SANDRA LUIZA OLIVEIRA

Date

Daytime Phone #

305
865-3811