

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 JUN 24 AM 8:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000004468

**1. Corporation Name**

CAFE FANTASIAS, INC.

**2. Principal Office Address**

2224 CORAL WAY

Suite, Apt. #, etc.

**3. Mailing Office Address**

2224 CORAL WAY

Suite, Apt. #, etc.

**City & State**

MIAMI, FL

**City & State**

MIAMI, FL

**Zip**

33145

**Country**

**Zip**

33145

**Country**

**4. Date Incorporated or Qualified  
To Do Business in Florida** 01-14-02

**5. FEI Number**  
61-1425768

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT 2004**

**7. Name and Address of Current Registered Agent**

Name  
NADINA ORTEGA

Street Address (P.O. Box Number is Not Acceptable)  
2224 CORAL WAY

Suite, Apt. #, Etc.

City  
MIAMI

State  
FL

Zip Code  
33145

500038433289  
06/29/04--01075--015 \*\*70.00

**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

*Nadina Ortega*  
REGISTERED AGENT MUST SIGN

Date

**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	CONCEPCION GARCIA	2224 CORAL WAY	MIAMI, FL 33145
V/D	LITA D. REAL	2224 CORAL WAY	MIAMI, FL 33145
S/T/D	NADINA ORTEGA	2224 CORAL WAY	MIAMI, FL 33145

**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:**

*Nadina Ortega*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)