

Corp-

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 MAY -6 AM 11:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # PO2000049819

1. Corporation Name  
PATAGONIA CAFE CORP

*WA*

**REINSTATEMENT 03-04**

2. Principal Office Address  
160 GIRALDA AVE  
Suite, Apt. #, etc.

3. Mailing Office Address  
160 GIRALDA AVE.  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

City & State  
CORAL GABLES FL CORAL GABLES FL

5. FEI Number  
16-1698681  
Applied For  
Not Applicable

Zip Country  
33134 USA 33134 USA

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
SERBER DANIEL J., ESQ.  
Street Address (P.O. Box Number is Not Acceptable)  
2875 NE 191 STREET  
Suite, Apt. #, Etc. 801 400035558574  
05/06/04--01022--021 \*\*900 00  
City  
AVENTURA State FL Zip Code 33180

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 [Signature] Date 04/29/04  
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
<u>D</u>	<u>RAUL MANUEL PUCHETA</u>	<u>160 GIRALDA AVE</u>	<u>CORAL GABLES FL 33134</u>
<u>D</u>	<u>GUILLERMO PUCHETA</u>	<u>160 GIRALDA AVE</u>	<u>CORAL GABLES FL 33134</u>

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] GUILLERMO PUCHETA 04/29/04 (305) 444-4553  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (01/04)