

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 # 002000049819

1. Corporation Name

PATAGONIA CAFE CORP

2. Principal Office Address

160 GIRALDA AVE

Suite, Apt. #, etc.

3. Mailing Office Address

160 GIRALDA AVE.

Suite, Apt. #, etc.

City & State

CORAL GABLES FL

City & State

CORAL GABLES FL

Zip

33134

Country

USA

Zip

33134

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

16-1698681

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-04

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

City

AVENTURA

State

FL

Zip Code

33180

400035558574
05/06/04--01022--021 **900 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

REGISTERED AGENT MUST SIGN

Date

04/29/04

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:

Guillermo Pucheta
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

04/29/04
(305) 444-4553
Daytime Phone #

CR2E081 (01/04)