

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUN 14 AM 11:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000051502

1. Corporation Name
M & C'S CAFE INC

2. Principal Office Address
601 Avenida Alegre

Suite, Apt. #, etc.

City & State
WEST PALM BEACH, FL

Zip 33405

Country

3. Mailing Office Address
SAME AS PRINCIPAL ADDRESS

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 03-04

4. Date Incorporated or Qualified To Do Business in Florida 05/06/2002

5. FEI Number 01-0690965

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
Mercedes C Barrial

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

Suite, Apt. #, Etc.

City West Palm Beach, FL

State
FL

Zip Code
33405

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 *Mercedes C Barrial*
REGISTERED AGENT MUST SIGN

Date June 3, 2004

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
PSD	Mercedes C Barrial	601 Avenida Alegre	West Palm Beach, FL 33405
V	Carlos Gonzalez	601 Avenida Alegre	West Palm Beach, FL 33405

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: *Mercedes C Barrial*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/03/2004 (561) 471-3435

Date Daytime Phone #

CR2E081 (01/04)