

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 MAR 12 PM 3:09

DOCUMENT #

1. Corporation Name 420°cafe inc.

P02000064284

200030560492
03/16/04--01049--014 **308.75

2. Principal Office Address

2415 Old St. Augustine

Suite, Apt. #, etc.

714

City & State

Tallahassee FL

Zip

32301

Country

US

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Same

City & State

Same

Zip

same

Country

same

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

01-0717013

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ **7. Additional Fee required for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

Eric Delisle

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

2415 Old St. Augustine Rd.

Suite, Apt. #, Etc.

714

City

Tallahassee

State
FL

Zip Code

32301

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

Eric Delisle

REGISTERED AGENT MUST SIGN

Date 3/12/04

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
P	Eric Delisle	same as above	same as above

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:

Eric Delisle Eric Delisle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/04

Date

942-3786

Daytime Phone #

CP2E081 (01/04)

~~I~~^{AR} did not receive the letter of
~~dissolution~~. Please waive the late filing
fee & treat the company as never being
administratively ~~to~~ dissolved. Thank you

Eric Delisle

~~Eric Delisle~~

Pres. 3/12/04