

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1052

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 NOV 17 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P02000066285

1. Corporation Name

BON AMI CAFE, INC.

2. Principal Office Address

5650 STERLING RD. # 8

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOLLYWOOD FL

City & State

Zip

33324

Country

BROWARD

Zip

Country

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

6/14/02

5. FEI Number

33-1021530

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

GILA CHURBA

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

11040 NW 7th STREET

Suite, Apt. #, Etc.

City

O PLANTATION

State

FL

Zip Code

33324

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

G. Churba

Date 11/10/04

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
PRES DIRECTOR	GILA CHURBA	11040 NW 7th STREET	PLANTATION, FL 33324

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)(l), 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:

G. Churba

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/10/04

Date

Daytime Phone #

CR2E081 (01/04)

2082

NOVEMBER 10, 2004

BON AMI CAFE, INC.
5650 STERLING RD. # 8
HOLLYWOOD, FL 33324
P02-000066285
33-1021530

STATE OF FLORIDA
DIVISION OF CORPORATIONS
PO BOX 1500
TALLAHASSEE, FL 32302-1500

DEAR SIR OR MADAM:

ENCLOSED IS THE CORPORATION REINSTATEMENT FORM
FOR OUR COMPANY FOR 2004, AND A PAYMENT OF \$ 150.00.

THE REASON THIS FORM WAS NOT FILED PRIOR TO
MAY 1st IS THAT WE NEVER RECEIVED THE RENEWAL IN THE MAIL AND
THE SUBSEQUENT FOUR HURRICANCES WHICH DISRUPTED BUSINESS
THROUGHOUT SOUTH FLORIDA FOR MANY WEEKS.

A PERSON FROM YOUR OFFICE SAID, "THAT YOU WOULD
ALLOW THIS FORM TO NOW BE FILED WITHOUT A PENALTY". THANK YOU.

VERY TRULY YOURS,
BON AMI CAFE, INC.

By: GILA CHURBA, PRESIDENT