

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000083500

1. Entity Name
CAFE STELLA BLUE, INC.



Principal Place of Business
RIVERSIDE PROFESSIONAL CENTER
3526 N. HARBOR CITY BOULEVARD
MELBOURNE, FL 32935

Mailing Address
RIVERSIDE PROFESSIONAL CENTER
3526 N. HARBOR CITY BOULEVARD
MELBOURNE, FL 32935

FILED

07 OCT 17 PM 12:25

SECRETARY OF STATE



10112007 REINSTATEMENT CR2008 (1/07)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

30-0113512

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KAISER, FRANCK H JR.
1500 W. EAU GALLIE BOULEVARD
SUITE A
MELBOURNE, FL 32935

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2008, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME GARRISON, JACK L
STREET ADDRESS 415 6TH AVE
CITY-ST-ZIP MELBOURNE BEACH, FL 32951

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000110805110
10/17/07--01058--005 **150.00

TITLE S
NAME KAISER, FRANK
STREET ADDRESS 605 SHERIDAN WAY DR
CITY-ST-ZIP MELBOURNE, FL 32904

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/07

Date

321-259-4000

Daytime Phone