

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000110103					
1. Entity Name LE PETIT CAFE, INC.					
Principal Place of Business 1331 SW 8TH ST MIAMI, FL 33135			Mailing Address 1331 SW 8TH ST MIAMI, FL 33135		
2. Principal Place of Business - No P.O. Box # 761 SW 10 Street		3. Mailing Address 761 SW 10 Street			
Suite, Apt. #, etc. # 1		Suite, Apt. #, etc. #1			
City & State Miami, FL		City & State Miami, FL			
Zip 33130		Country USA		4. FET Number 75-3085149	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HASKIN, DAVID F 1321 SW 8TH ST #3 MIAMI, FL 33135			7. Name and Address of New Registered Agent Name Haskin, David F Street Address (P.O. Box Number is Not Acceptable) 761 SW 10 Street # 1 City Miami		
FL			Zip Code 33130		
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: <i>David F Haskin</i> 9/24/07 <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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 NAME STREET ADDRESS CITY - ST - ZIP	PD HASKIN, DAVID F 1331 SW 8TH ST MIAMI, FL 33135	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HASKIN, DAVID F. 761 SW 10 Street #1 Miami, FL 33130	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	500109894375 09/25/07--01034--010 **750.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>David F Haskin</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			9/24/07 <small>Date</small>		
			<small>Daytime Phone #</small>		

FILED
07 SEP 25 PM 1:47
CLERK OF STATE
TALLAHASSEE, FLORIDA



09242007 P02000110103 (1/07)
REINSTATEMENT