

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000121687

1. Corporation Name

CUBAN PETE'S CAFE, INC.

2. Principal Office Address - No P.O. Box #

1125 WEST 76TH STREET

Suite, Apt. #, etc.

SUITE 4

City & State

HIALEAH, FL

Zip

33014

Country

USA

3. Mailing Office Address

1125 WEST 76TH STREET

Suite, Apt. #, etc.

SUITE 4

City & State

HIALEAH, FL

Zip

33014

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/14/2002

5. FEI Number

☒ 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

LUIS SILVESTRE

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

1125 WEST 76TH STREET

Suite, Apt. #, Etc.

SUITE 4

City

HIALEAH

State

FL

Zip Code

33014

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

REGISTERED AGENT MUST SIGN

Date 8/6/08

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	LUIS SILVESTRE	1125 WEST 76TH STREET STE 4	HIALEAH FL 33014

700134095067

08/08/08--01003--020 **1500.00

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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/6/08

Date

Daytime Phone #

REINSTATEMENT

CR2E081 (12/07)

03-08

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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