

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P03000096638

1. Corporation Name

FERNANDEZ DE BULL CAFE, INC.

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

1265 Airport Road

Suite, Apt. #, etc.

Unit 19

City & State

Naples, FL

Zip

34104

Country

USA

3. Mailing Office Address

1265 Airport Road

Suite, Apt. #, etc.

Unit 19

City & State

Naples, FL

Zip

34104

Country

USA

**7. Name and Address of Current Registered Agent**

Name

Stephanie Figueroa

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

1265 Airport Road

Suite, Apt. #, Etc.

Unit 19

City

Naples

State

FL

Zip Code

34104

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

*Stephanie Figueroa*

REGISTERED AGENT MUST SIGN

Date

1-5-2009

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
D/P	Lazaro Figueroa	1265 Airport Rd, Unit 19	Naples, FL 34104
D/V/S	Stephanie Figueroa	1265 Airport Rd, Unit 19	Naples, FL 34104
V	Arlyn Fernandez	1265 Airport Rd, Unit 19	Naples, FL 34104

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:

*Stephanie Figueroa*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-5-2009

Daytime Phone #

239-682-7979

**FILED**

09 FEB 11 AM 10:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

200139915732  
02/12/09--01003--020 \*\*150.00

**REINSTATEMENT**

08-09

4. Date Incorporated or Qualified  
To Do Business in Florida 8-28-2003

5. FEI Number  
#20-0196594

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required  
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

**DAVID E. LEIGH, ATTORNEY AT LAW**  
CERTIFIED CIVIL AND FAMILY LAW MEDIATOR, CERTIFIED ARBITRATOR  
THE NEWGATE TOWER, 5150 TAMiami TRAIL NORTH, SUITE 501  
NAPLES, FLORIDA 34103  
TELEPHONE: 239-435-9303 FAX: 239-435-9304  
EMAIL: DL48@EARTHLINK.NET

February 4, 2009

Department of State  
Division of Corporations  
P.O.Box 6327  
Tallahassee, FL 32314

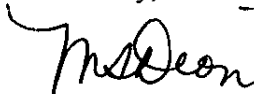
Re: REINSTATEMENT of Fernandez de Bull Café, Inc.  
Document #P03000096638  
1265 Airport Road South, Unit 19  
Naples, FL 34104

Ladies & Gentlemen:

Enclosed is the Corporation Reinstatement for the above corporation. Please reinstate the corporation with updated Directors and Officers as listed. We have enclosed additional \$150 (\$141.25 for current year annual report and \$8.75 for a certificate of status) per your request in your letter of January 21, 2009.

Secondly, also attached are Articles of Amendment to then change the corporate name from Fernandez de Bull Café, Inc. to Fernandez the Bull, Inc. and you already have the check for \$43.75 for the filing fee and a certificate of status for the new name.

Sincerely,



Marianne Dion  
Legal Secretary to  
David E. Leigh

DEL/msd