

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

06 NOV 20 09:20

DOCUMENT # P03000148414

1. Corporation Name

BLACK BEANS, INC.

2. Principal Office Address

8218 HANLEY RD

Suite, Apt. #, etc.

City & State

TAMPA, FL.

Zip

33614

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date incorporated or Qualified  
To Do Business in Florida

12/09/2003

5. FEI Number

20-0465129

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT

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

Name

ELADIO SEIJO

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

8701 MCADAMS PLACE

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33634

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

Date

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
SD	PEREZ, MARIA	1160 W 47TH ST	HIALEAH, FL. 33012
PD	SEIJO, ELADIO	8701 MCADAMS PL	TAMPA, FL. 33634

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

ELADIO SEIJO, PRESIDENT 10/24/06

Date

813-879-1040

Daytime Phone #

B. Mitchell NOV 20 2006

2082

October 25, 2006

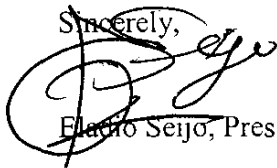
Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, Fl. 32314

Dear Sir:

We did not receive the postcard annual report renewal notice in 2005 and just recently became aware that Black Beans, Inc. had been administratively dissolved in 2005.

We are therefore requesting that the \$600 Reinstatement Fee be waived.

Sincerely,

A handwritten signature in black ink, appearing to read 'Eladio Seijo', written over the word 'Sincerely,'.

Eladio Seijo, President