

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


09 NOV -5 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100162257801
10/28/09--01030--010 **300.00

REINSTATEMENT 08-09

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000022263

1. Corporation Name

PARQUEO CAFE, INC

2. Principal Office Address - No P.O. Box #
226 SE 1 STREET

3. Mailing Office Address
226 SE 1 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI, FL.

City & State
MIAMI, FL.

Zip
33131

Country
DADE

Zip
33131

Country
DADE

4. Date Incorporated or Qualified To Do Business in Florida 02-03-2004

5. FEI Number 20-0690354

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
CRISTINA ALMANZA

Street Address (P.O. Box Number is Not Acceptable)
1207 WEST FLAGLER ST

Suite, Apt. #, Etc.
206

City
MIAMI

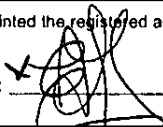
State
FL

Zip Code
33131

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.

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.

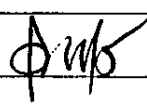
Signature of Registered Agent



REGISTERED AGENT MUST SIGN

Date 10/23/2009

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 |
|--------|-----------------------------------|---|--------------------|
| PD | CRISTINA ALMANZA | 1207 WEST FLAGLER ST 206 | MIAMI, FL. 33135 |
| | |  | |
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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: 

PRESIDENT

10/23/2009

305-375-0225

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #