


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # PO4000116278			
1. Corporation Name CARMELITA'S CAFE'			
2. Principal Office Address 6955 OLD HWY 37 Suite, Apt. #, etc. N/A City & State LAKELAND, FL Zip 33811 Country POCK		3. Mailing Office Address SAME Suite, Apt. #, etc. N/A City & State SAME Zip SAME Country SAME	
		4. Date Incorporated or Qualified To Do Business in Florida 08-05-04	
		5. FEI Number 20-1474915 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name HAROLD A. RIMES			
Street Address (P.O. Box Number is Not Acceptable) 4062 HOLLYHEAD CIR. N.			
Suite, Apt. #, Etc. N/A			
City LAKELAND		State FL	Zip Code 33811
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 Harold A. Rimes		Date AUG 05-05	
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
PRES	HAROLD A. RIMES	4062 HOLLYHEAD CIR. N.	LAKELAND, FL 33811
V.P.	HECTOR SANTIAGO	4062 HOLLYHEAD CIR. N.	LAKELAND FL 33811
S/D	CARMEN B. RIMES	4062 HOLLYHEAD CIR. N.	LAKELAND FL 33811
900059188689 08/31/05--01049--014 **158.75			
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 under section 119.07(3)(i), 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 Harold A. Rimes HAROLD A. RIMES 08-05-05 863-640-4963			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR2E081 (01/05)

8-05-05

Dear Sir:

I have only been in business
for one year, & I did not receive
a card to re new my Corp

so please in the future send
me a card to renew my Corp.

Thank you
Harold A. Fenn
Carmelita's Cafe
6955 Old Hwy 3?
Lakeland, FL
863-648-0116