

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY -1 PM 4:35

DOCUMENT # P05000006412

1. Corporation Name

MONA CHARLIE COFFEE CORNER INC

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

3908 COUNTRY VIEW DRIVE

Suite, Apt. #, etc.

City & State

SARASOTA, FL,

Zip

34233

Country

USA

3. Mailing Office Address

512 N ORANGE AVENUE

Suite, Apt. #, etc.

City & State

SARASOTA, FL

Zip

34236

Country

USA

REINSTATEMENT 06-08

CR2E081 (12/07)

4. Date Incorporated or Qualified To Do Business in Florida

1/12/2005

5. FEI Number

20-2147637

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

CATHERINE FIDRY

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

3908 COUNTRY VIEW DRIVE

Suite, Apt. #, Etc.

City

SARASOTA

State

FL

Zip Code

34233

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 617.0508, F.S.

Signature of Registered Agent

Catherine Fidry
REGISTERED AGENT MUST SIGN

Date

04/28/08

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	CATHERINE FIDRY	3908 COUNTRY VIEW DRIVE	SARASOTA, FL, 34233
V	JEAN M FIDRY	3908 COUNTRY VIEW DRIVE	SARASOTA, FL, 34233
			800128106798 05/01/08--01051--016 **450.00

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:

Catherine Fidry
CATHERINE FIDRY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

04/28/08

Daytime Phone #