



2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000074505 1. Entity Name EUROPA CAFE. INC.						FILED 07 MAR -5 PM 5:46 SECRETARY OF STATE TALLAHASSEE, FLORIDA					
Principal Place of Business 8508 GIOVANNA COURT ORLANDO, FL 32836 US				Mailing Address 8508 GIOVANNA COURT ORLANDO, FL 32836 US							
2. Principal Place of Business - No P.O. Box # 8114 FIRENZE BLVD		3. Mailing Address 8114 FIRENZE BLVD		 REINSTATEMENT 06-07 02282007 REIN-P CR2E098 (1/07)							
Suite, Apt. #, etc.		Suite, Apt. #, etc.									
City & State ORLANDO, FL.		City & State ORLANDO, FL.									
Zip 32836 Country U.S.		Zip 32836 Country U.S.		4. FEI Number 20-8535842		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Wor							
6. Name and Address of Current Registered Agent AFFORDABLE TAX & ACCOUNTING SERVICES, INC. 10327 WINDING CREEK LANE ORLANDO, FL 32825								7. Name and Address of New Registered Agent Name FERNANDO TATA Street Address (P.O. Box Number is Not Acceptable) 8114 FIRENZE BLVD. City ORLANDO FL Zip Code 32836			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE X Fernando Tata <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>								In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
FILE NOW!!! FEE IS \$300.00											
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TATA, LISA R 8508 GIOVANNA COURT ORLANDO, FL 32836			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 800093757028 03/20/07--01012--004 **300.00						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TATA, FERNANDO 8508 GIOVANNA COURT ORLANDO, FL 32836			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PS FERNANDO TATA 8114 FIRENZE BLVD ORLANDO, FL 32836						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VP/T MARIA E. STRIPPOLE 8114 FIRENZE BLVD. ORLANDO, FL 32836						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.											
SIGNATURE: X Fernando Tata <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 2/28/07		Daytime Phone # (407) 483-0999					