PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
06 OCT 18 AM 11:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000105902

1. Corporation Name
MARTHA'S CAFE, INC

2. Principal Office Address	3. Mailing Office Address
330 W. 9 STREET	330 W. 9 STREET
Suite, Apt. #, etc. #2	Suite, Apt. #, etc. #2
City & State Hialeah, FL	City & State HIALEAH, FL
Zip 33010 Country U.S.	Zip 33010 Country U.S.

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida 7/28/05

5. FEI Number 20-3256559 ☐ 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 MARTHA CANDELARIA

Street Address (P.O. Box Number is Not Acceptable) 3355 EAST 3rd AVENUE

300080966193
10/18/06--01057--004 **150.00

Suite, Apt. #, Etc.

City HIALEAH State FL Zip Code 33010

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 10/4/06
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
P.	MARTA CANDELARIA	3355 EAST 3rd AVENUE HIALEAH, FL 33010	HIALEAH, FL 33010

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: MarcheLaria 10/4/2006 305-805-7929
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

K. Eckel OCT 26 2006

2/2

October 16, 2006

Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32414

Ref: Martha's Café
Doc: P05000105902

To Whom It May Concern:

This letter is in reference to the phone conversation on which I stated that I had never received my renewal papers, as you can see the reason was that the suite number was not in the renewal notice.

Enclosed, please find check for $150.00. If you have any questions, please do not hesitate to contact me at 305-805-7929.

Sincerely,

Martha Candelaria
President