

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 JUN 15 PM 6:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P05000152780**

1. Corporation Name

LA CUBANITA CAFE TOO INC

400157178674
06/15/09--01053--005 **458.75

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

3240 LITHIA PINECREST

Suite, Apt. #, etc.

SUITE 101

City & State

VALRICO FL

Zip

33594

Country

HILLSBOROUGH

3. Mailing Office Address

2537 REGAL RIVER DR

Suite, Apt. #, etc.

City & State

VALRICO FL

Zip

33594

Country

HILLSBOROUGH

REINSTATEMENT
CR2E081 (12/08) **07-09**

**4. Date Incorporated or Qualified
To Do Business in Florida**

11-17-2005

5. FEI Number

203801094

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

LOUIS KALLIANIOTIS

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

3240 LITHIA PINECREST

Suite, Apt. #, Etc.

SUITE 101

City

VALRICO

State

FL

Zip Code

33594

☒ 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 **5/5/09**

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 | LOUIS KALLIANIOTIS | 2537 Regal River Rd | VALRICO FL 33594 |
| SECRETARY | Lehcia Kallianiotis | 2537 Regal River Rd | VALRICO FL 33594 |
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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:

LOUIS KALLIANIOTIS

5/5/09 **813-503-4667**