## 2007 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P06000042534

FILED Oct 25, 2007 Secretary of State

Entity Nan	ne: EATHORI	NE CAFE	ENTERPRISE INC.						
Current Principal Place of Business:				New Principal Place of Business:					
4101 JIM V TAMPA, FL	VALTER BOUL 33607 US								
Current Mailing Address:				New Mailing Address:					
	POISE PLACE T RICHEY, FL	34652	US						
FEI Number:	65-1271101	FEI Num	ber Applied For()	FEI Number Not App	licable ( )	Certifica	te of Status Des	ired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:								t:	
5100 PORF	IE, KATHLEEN POISE PLACE T RICHEY, FL		US						
The above in the State		submits th	nis statement for the p	ourpose of changing i	ts registered	l office or re	egistered ager	ıt, or both,	
SIGNATUR	RE: KATHLEE	N A. EAT	THORNE						
	Electron	ic Signatı	ure of Registered Age	ent	Date				
			., the corporation did no nd Contribution ( ).	ot receive the prior notic	e.				
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	P () EATHORNE, KA 5100 PORPOIS NEW PORT RIC	E PLACE		Title: Name: Address: City-St-Zip:		() Change(	( ) Addition		
Title: Name: Address: City-St-Zip:	VP () EATHORNE, JAI 5100 PORPOIS NEW PORT RIC	E PLACE		Title: Name: Address: City-St-Zip:	VP EATHORNE, 5100 PORPO NEW PORT	DISE PLACE	Ą		
Title: Name: Address: City-St-Zip:	S () EATHORNE, JA 5100 PORPOIS NEW PORT RIC	E PLACE		Title: Name: Address: City-St-Zip:	S EATHORNE, 5100 PORPO NEW PORT	DISE PLACE	À		
Title:	T ()	Delete MES.B.IR		Title:		(X) Change			

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

5100 PORPOISE PLACE

NEW PORT RICHEY, FL 34652 US

SIGNATURE: KATHLEEN A. EATHORNE Ρ 10/25/2007

5100 PORPOISE PLACE

NEW PORT RICHEY, FL 34652 US

Address:

City-St-Zip: