

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000155271

1. Entity Name
BEAN SHOP INC.



FILED

2009 APR -2 A 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03302009 REIN-P CR2E098 (1/07)

4. FEI Number Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RIVERA, RAFAEL A JR.
9832 SW 1 TERRACE
MIAMI, FL 33174

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRES
NAME RIVERA, RAFAEL A JR.
STREET ADDRESS 9832 SW 1 TERRACE
CITY-ST-ZIP MIAMI, FL 33174 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 200148450832
CITY-ST-ZIP 04/02/09--01037--023 **300.00

TITLE VP
NAME RIVERA, AMBROS J
STREET ADDRESS 9832 SW 1 TERRACE
CITY-ST-ZIP MIAMI, FL 33174 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

REINSTATEMENT

08-09
[Signature]