

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 JAN -3 PM 12:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000010366

1. Corporation Name

THE OTHER PLACE CAFE, INC.

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

1018 NEW YORK AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

1018 NEW YORK AVENUE

Suite, Apt. #, etc.

City & State

ST CLOUD, FL

City & State

ST CLOUD, FL

Zip

34769

Country

Zip

34769

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/23/2007

5. FEI Number

870793260

☐ 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

RITA NISWONGER

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

2400 MISSOURI AVE

Suite, Apt. #, Etc.

City

ST CLOUD

State

FL

Zip Code

34769

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

Rita Niswonger
REGISTERED AGENT MUST SIGN

Date **12/31/10**

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
S/T	RITA NISWONGER	2400 MISSOURI AVE	ST CLOUD, FL 3469
P	TINA BARNES-SAUER	1849 MATHIS RD	ST CLOUD, FL 34771

10. E-mail Address: **Tbarnessauer@yahoo.com**

(To be used for future annual report notification)

11. 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. I further certify 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:

Tina Barnes-Sauer

12/31/10

407-891-0663

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #