

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 APR -1 PM 4:16

DOCUMENT #

1. Corporation Name

Arroma De Cafe Inc

p07000021697

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

2750 NE 183 st

3. Mailing Office Address

2750 NE 183 st

Suite, Apt. #, etc.

apt 104 tower

Suite, Apt. #, etc.

apt 104 tower

City & State

Aventura, FL

City & State

Aventura, FL

Zip

33160

Country

U.S.A

Zip

33160

Country

U.S.A

300148289893

04/01/09--01034--001 **308.75
CRZE081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida

02/19/2007

5. FEI Number
none

☒ 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

Correa, Bertha

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

2750 NE 183 st

Suite, Apt. #, Etc.

apt 104 tower

City

Aventura

State

FL

Zip Code

33160

☒ 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

Bertha Correa

Date 03/30/2009

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	Correa, Bertha	2750 NE 183 st	Aventura, FL 33160

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:

Bertha Correa

Bertha Correa President

03/30/2009

786-416-4592

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #