## 2008 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P07000067389

Address:

City-St-Zip:

Entity Name: COFFEE HOUSE FLICKS, INC.

FILED Dec 19, 2008 Secretary of State

Littly Name: COFFEE HOUSE FEICKS, INC.					
Current Principal Place of Business:			New Principal Place	of Business:	
	LINGTON PAI ), FL 32839	RK CIR. SUITE B37			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
PO BOX 590012 ORLANDO, FL 32859				5249 WELLINGTON PARK CIR. SUITE B37 ORLANDO, FL 32839	
FEI Number:	41-2242254	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
5249 WEL	N, MARQUET LINGTON PAI ), FL 32839	TE RK CIR. SUITE B37 US			
	named entity e of Florida.	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,	
SIGNATUR		ETTE TRISHAUN			
	Electro	nic Signature of Registered Age	ent	Date	
		3(2)(b), F.S., the corporation did no g Trust Fund Contribution ( ).	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D ( COLLINS, JUS 5170 CABANN ST LOUIS, MO	E AVE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( SALEH, SHADI 32 WALL RD S BOSTON, MA	UITE 1	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	HALL, JARVIS	) Delete EXAS AVE. UNIT B	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( WILSON, KEO 85 COLUMBIA NEW YORK, N	ST SUITE 2C	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	CEOD ( TRISHAUN, MA	) Delete RQUETTE	Title: Name:	( ) Change ( ) Addition	

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:

SIGNATURE: MARQUETTE TRISHAUN CEOD 12/19/2008

5249 WELLINGTON PARK CIR. SUITE B37

ORLANDO, FL 32839