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 OCT 30 PM 3: 15

DOCUMENT # P07-000100748

1. Corporation Name

HERMANAS LATIN CUBAN CAFE INC

2. Principal Office Address - No P.O. Box #	**3.** Mailing Office Address	
2350 W 84 STREET	2350 W 84 STREET	CR2E081 (12/08)
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
8	8	

City & State	City & State
HIALEAH, FL	HIALEAH, FL

4. Date Incorporated or Qualified To Do Business in Florida 09/10/2007

Zip	Country	Zip	Country
33016	USA	33016	USA

5. FEI Number 26-0881115   ☐ 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
GIOCONDA BONILLA

Street Address (P.O. Box Number is Not Acceptable)
12852 SW 12 TERRACE

Suite, Apt. #, Etc.

City	State	Zip Code
MIAMI	FL	33184

☑ 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 _____ *Bonilla* _____ REGISTERED AGENT MUST SIGN   Date 10/18/2009

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
PD	GLADYS SILVA	2350 W 84 STREET # 8	HIALEAH, FL 33016
VD	MARIA F MENDOZA	2350 W 84 STREET # 8	HIALEAH, FL 33016

REINSTATEMENT

08-09 B 10/30/09

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: X *Gladys Silva*   10/18/2009   305-819-9445

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #