

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P39450

1. Corporation Name

CAFEHM, Inc.

Principal Place of Business

8229 Boone Blvd.  
Suite 610  
Vienna, VA 22182

Mailing Address

c/o Robert Lubin, P.C.  
8229 Boone Blvd., Suite 610  
Vienna, VA 22182

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida  
5/1/93

5. FEI Number

54-1627198

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres.	Robert Lubin	8229 Boone Blvd., Suite 610	Vienna, VA 22182
Secy	Jerry Morgan	8229 Boone Blvd., Suite 610	Vienna, VA 22182

000002184810--6  
-05/20/97--01043--014  
\*\*\*\*\*915.00 \*\*\*\*\*915.00

8. Name and Address of Current Registered Agent

The Prentice Hall Corporation  
System, Inc.  
1201 Hays Street, Suite 105  
Tallahassee, FL 32301

9. Name and Address of New Registered Agent

Name  
Corporation Service Company  
Street Address (P.O. Box Number is Not Acceptable)  
1201 Hays Street  
Suite, Apt. #, Etc.  
City  
Tallahassee  
State  
FL  
Zip Code  
32301

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*Karen B. Rozar*

Karen B. Rozar, As Its Agent

Date

5-15-97

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information  
on intangible tax.)

12. 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 under section 119.07(3)(i), 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:

*Robert Lubin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT LUBIN, PRESIDENT

5/13/97

Date

(703)883-0870

Daytime Phone #

CR2E040 (12/96)