

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 OCT 14 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000004599

1. Corporation Name

THE UNDER-GROUND COFFEE WORKS, INC.

2. Principal Office Address

105 S. Narcissus Avenue

3. Mailing Office Address

227 10th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

West Palm Beach, Florida

City & State

West Palm Beach, FL 33401

Zip

33401

Country

Palm Beach

Zip

33401

Country

Palm Beach

REINSTATEMENT 96-02

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/09/92

5. FEI Number

65-0373661

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

Catherine F. Volpe

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

227 10th Street

Suite, Apt. #, Etc.

City

West Palm Beach,

State
FL

Zip Code

33401

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**

X

REGISTERED AGENT MUST SIGN

Date 10/8/02

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
D,P,S	Catherine F. Volpe	227 10th Street	West Palm Beach, FL 33401
D,VP,T	Shelia Powell	227 10th Street	West Palm Beach, FL 33401

10. I certify that I am an officer or director of 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/8/02

Date

(561) 835-0755

Daytime Phone #

CR2E081 (9/01)

10/14/02