

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 # **P93000069432**

1. Corporation Name

ESPRESSO D'ORO, INC.

FILED

97 NOV 21 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**120 N.W. DOUGLAS ROAD
SUITE-D
PEMBROKE PINES FL 33064**

Mailing Address

**120 N.W. DOUGLAS ROAD
SUITE-D
PEMBROKE PINES FL 33064**



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

2. New Principal Office Address, If Applicable

**3301 Ponce De Leon Blvd
Suite, Apt. #, etc.
#220**

3. New Mailing Office Address, If Applicable

**3301 Ponce De Leon Blvd
Suite, Apt. #, etc.
#220**

4. Date Incorporated or Qualified
To Do Business in Florida

10/06/1993

5. FEI Number

65-0449887

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1 PSD	2 GARCIA DU-QUESNE, IGNACIO	3 120 NE DOUGLAS ROAD SUITE-D 8341 SW 54th Ave	4 PEMBROKE PINES FL- Miami, Fl. 33143

100002357091--3

-11/25/97--01079--009

******165.00 ****165.00**

**JB
11-24-97**

8. Name and Address of Current Registered Agent

**ARAZOZA & COMAS, P.A.
101 MADEIRA AVENUE
CORAL GABLES FL 33134**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

REGISTERED AGENT MUST SIGN

Date **11/14/97**

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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:

Ignacio Garcia Du-Quesne

11/14/97

(305) 444-8050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/97)

2

INTERVESTORS REALTY, INC.
3301 PONCE DE LEON BOULEVARD
SUITE 220
CORAL GABLES, FLORIDA 33134

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

Espresso D' Oro, Inc.

Re: ~~XXXXXXXXXXXX~~ - Document number P93000069432
Notice of Administrative Dissolution or Revocation.

Gentlemen:

A notice of Dissolution has been received on the above mentioned Corporation.

Please note that I moved our Corporate address in early 1996 and never received any of your notices regarding filing of the required Annual Report.

As requested on a phone conversation with Mrs. Lynn Turley of the Division of Corporations, I enclose our check number 2429 in the amount of \$165.00 for your processing of the re-instatement.

Please call me in the event you may be in need of any additional information. Thank You.

Sincerely Yours,

IGNACIO GARCIA DU-QUESNE
PRESIDENT