

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE SANDRA J. WORTHINGTON Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 1. Corporation Name CAPPUCCINO EXPRESS INC. DOC P94000018120			
Principal Place of Business 4645 N.W. 90. AVE. SUNRISE FL 33351		Mailing Address REINSTATEMENT 45-97	
* If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable 7533 N.W. 51 PLACE Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc.	
City & State CORAL SPRINGS FL		City & State	
Zip 33067	Country USA	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida 3/4/1994		5. FEI Number 65-0480386	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		Applied For Not Applicable	
\$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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P.D.	ROBERT L. ADDERTON	7533 N.W. 51 PLACE	CORAL SPRINGS FL 33067
V.D.	DENISE S. ADDERTON	7533 N.W. 51 PLACE	CORAL SPRINGS FL 33067
400002354074--9 -11/21/97--01069--006 ***1088.75 ***1088.75			
8. Name and Address of Current Registered Agent GARY MAISEL 600 S. ANDREWS AVENUE SUITE 600 FT LAUD FL 33301		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code	
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 CC Date 10/27/97 REGISTERED AGENT MUST SIGN			
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> 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 L. Adderton SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 10/25/97 954-346-1683 Daytime Phone #	