

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

04 NOV -9 PM 2:35

DOCUMENT # P94000020987

1. Corporation Name

Cambridge Coffee Company

2. Principal Office Address

1714 Avenida Del Sol

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

Zip

33432

Country

U.S.A.

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

593 22 8392

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 98-04

7. Name and Address of Current Registered Agent

Name

CT Corporation SYSTEM

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

1200 Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

JAMES A. BORDONARO

ASSISTANT SECRETARY

Date

11/8/04

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

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip   |
|--------|--------------------------------------|---|----------------------|
| P/O    | Juan Verastegui,<br>President/owner  | 1714 Avenida Del Sol                              | Boca Raton, FL 33432 |
|        |                                      |   |                      |
|        |                                      |   |                      |
|        |                                      |   |                      |
|        |                                      |   |                      |
|        |                                      |   |                      |

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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/2/04

Daytime Phone #

11/1/04