PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| CORPORATION REINSTATEMENT | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA 01 AUG -7 AM 8:51 |

DOCUMENT # P9400026569

1. Corporation Name

CHER'S CAFE INC

400004547564--3
-08/21/01--01073--022
***1208.75 ***1208.75

REINSTATEMENT 98-01

2. Principal Office Address	**3.** Mailing Office Address	
215 N. OLIVE AVE	215 N. OLIVE AVE	
Suite, Apt. #, etc. 116	Suite, Apt. #, etc. 110	**4.** Date Incorporated or Qualified To Do Business in Florida 4/15/94 **SP**
City & State WEST PALM BEACH, FL	City & State WEST PALM BEACH, FL	**5.** FEI Number 65-0487246 / Applied For / Not Applicable
Zip 33401	Country U.S.A	Zip 33401	Country U.S.A	**6.** CERTIFICATE OF STATUS DESIRED ☐ / **$8.75 Additional Fee required for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name JOSEPH R POLKOWSKI	1050.00-Adm
Street Address (P.O. Box Number is Not Acceptable) 215 N. OLIVE AVE	61.25-Ar
Suite, Apt. #, Etc. Ste 110	88.75-ARSupp
City WEST PALM BEACH	8.75-Cert	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 _Joseph R Polkowski_   Date 8-6-0'

REGISTERED AGENT MUST SIGN

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	LINDA OSTROWSKI	215 N. OLIVE AVE, Ste 110	WEST PALM BEACH, FL 33401
D/T	JOSEPH R POLKOWSKI	215 N. OLIVE AVE, STE 110	WEST PALM BEACH, FL 33401
D/S	LAURA L POLKOWSKI	215 N. OLIVE AVE, STE 110	WEST PALM BEACH, FL 33401

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: _Joseph R Polkowski_   JOSEPH R. POLKOWSKI   8-6-01   561-835-0877

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #