

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 NOV 12 PM 2:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000026569

1. Corporation Name

CHER'S CAFE INC.

REINSTATEMENT 04

2. Principal Office Address

215 N. OLIVE AVE

Suite, Apt. #, etc.

110

City & State

WEST PALM BEACH, FL

Zip

33401

Country

U.S.A

3. Mailing Office Address

215 N. OLIVE AVE

Suite, Apt. #, etc.

110

City & State

WEST PALM BEACH, FL

Zip

33401

Country

U.S.A

4. Date Incorporated or Qualified  
To Do Business in Florida

4/5/1994

5. FEI Number

65-0487246

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

LINDA OSTROWSKI

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

215 N. OLIVE AVE.,

Suite, Apt. #, Etc.

110

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

[Signature]

Date

11/8/2004

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
<u>P/T/S/D</u>	<u>LINDA OSTROWSKI</u>	<u>215 N. OLIVE AVE, Ste 110</u>	<u>WEST PALM BEACH, FL 33401</u>

DR 11/19

3000042656253  
11/12/04--01057--021 \*\*150.00

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]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/8/2004

Daytime Phone #

CR2E061 (9/10/04)

Accounting Management Advisors, Inc.

Established Since 1968

Congress Square, Ste J

4175 South Congress Ave

Lake Worth, FL 33461

Tel (561) 357-8885 Fax (561) 357-9112

Trusts  
Wills  
Estates

Income Taxes  
Accounting  
Business Consulting

November 3, 2004

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

Re: LJL Food Management Inc - P 97000040668  
Cher's Cafe Inc - P 94000026569

Gentlemen:

Please find enclosed the subject entities' reinstatement applications and two checks in the amount of \$ 150.00 each to cover their renewals.

For your information, the principal, Ms Linda Ostrowski, was not aware that renewals are completed online. She does not own a computer nor does she know how to operate one.

In addition, because of hurricanes, Charley and Frances, Palm Beach County closed the downtown Government Center due to damage for the month of September and most of October; her luncheonette was closed for that period and only now was she able to retrieve the notices subject of this letter.

I hope you would take her financial plight into account and waive the penalties for the late filing if any.

Yours truly.

  
George Boutro.