PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS				FILED 09 AUG 31 PM 12: 52		
DOCUMENT # 79400050270 1. Corporation Name				SECRETARY OF STATE TALLAHASSEE, FLORIDA		
CAFETERIA ADE	ELITA, INC	· ·				
2. Principal Office Address - No P.O. Box #	3. Mailing Office	office Address Biscoure Blud		REINCTATEMENT 09		
344801351 H 2690 Suite, Apt. #, etc. Suite, Apt. # 2000 H 1 # 2				CR2E081 (12/08) 4. Date Incorporated or Qualified To Do Business in Florida		
City & State City & State City & City & State City & City		ni ,Floe16a		5. FEI Numbe	per Applied For Not Applicable	
33010 USA.	33137		3da C	6. CERTIFICATE		Additional Fee required a Certificate of Status
Name Adda Al Car Street Address (P.O. Box Numberis Not Acc	tress of Current Registere TaeA aptable) Blu	State Zip Code FL 3313-		☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.		
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 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	
ouner Adela M.C	Adela M. alcantara 2699		Biscayn	e Bluk	Merin PL. 33142	
A 8/31		2 087:		21 08/3	00160120472 170901015006 **150.00	
				2) 08/3	00160120 70901015007	472 **15.00
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 filling 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 contained in Chapter 119, 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 Date Date Daytime Phone #						