

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 MAR 16 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000053627

1. Corporation Name

FOCCACIA CAFE, INC.

Principal Place of Business

Mailing Address

13377 N.W. 7 St.
Plantation, FL 33325

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

7/20/94

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0508680

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$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	VILLANUEVA, CARLOS	13377 N.W. 7. Street	Plantation, FL 33325

200002459682

03/17/98--01072--003

***900.00 ***900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Carlos Villanueva
13377 N.W. 7 Street
Plantation, FL 33325

Name

Paul M. Bloomgarden

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

8551 W. Sunrise Blvd.

Suite, Apt. #, Etc.

#100A

City

Ft. Lauderdale

State

FL

Zip Code

33322

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

REGISTERED AGENT MUST SIGN

Date March 13, 1998

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ 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:

Carlos Villanueva 3/13/98 954-370-2222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CH202040 (1/98)