

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



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

**FILED**

96 NOV 15 AM 11:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MWB  
11-19-96

DOCUMENT # P 946000 8 0129 (7)

1. Corporation Name  
Trolley STOP Cafe, INC.

Principal Place of Business Mailing Address  
1327 E 7th Ave 1327 E 7th Ave  
TAMPA, FL 33605 TAMPA, FL 33605

**REINSTATEMENT 1996**

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, if Applicable  
1315 E 5th Ave  
Suite, Apt. #, etc.  
City & State TAMPA, FL  
Zip 33605 Country USA

3. New Mailing Address, if Applicable  
1315 E 5th Ave  
Suite, Apt. #, etc.  
City & State TAMPA, FL  
Zip 33605 Country USA

4. Date Incorporated or Qualified To Do Business in Florida  
12/31/94

5. FEI Number  
65-085022 Applied For: Not Applicable

6. CERTIFICATE OF STATUS DESIRED

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
Pres	DEAN JAMES	1315 E 5th Ave Tampa, FL 33	TAMPA, FL 33605
S/T	DIANE JAMES	1315 E 5th Ave	TAMPA, FL 33605

200002009472--6  
-11720736--01031-013  
\*\*\*375.00 \*\*\*375.00

8. Name and Address of Current Registered Agent  
DIANE JAMES  
1315 E 5th Ave  
TAMPA, FL 33605

9. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City  
State FL Zip Code

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: *Diane James* Date: 11/12/96  
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No  (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.  
DIANE JAMES  
SIGNATURE: *Diane James S/T* Date: 11/12/96 Daytime Phone #: 813-218-3132  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CREC 04/11/95