

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

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FILED
96 OCT 17 AM 8:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000087031

1. Corporation Name

GOURMET COFFEE ENTERPRISES, INC.

Principal Place of Business

Mailing Address

~~9224 NW 8TH PLACE~~
~~PLANTATION FL 33324~~

~~9224 NW 8TH PLACE~~
~~PLANTATION FL 33324~~

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

2. New Principal Office Address, If Applicable

1254 CAMELLIA LANE

3. New Mailing Office Address, If Applicable

P.O. Box 21472

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL

City & State

FT. LAUDERDALE, FL

Zip

33326 BROWARD

Zip

33325 BROWARD

4. Date Incorporated or Qualified
To Do Business in Florida

11/28/1994

5. FEI Number

65-0541218

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	BANDRINGA, GARY	9224 NW 8TH PLACE 1254 CAMELLIA LANE	PLANTATION FL 33324 FT. LAUDERDALE, FL 33326

800001982048--1

10/22/96--01019--008

****200.00 ****200.00

filed as A/R
Reinstatement fee waived
mwb 10/21/96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CASEY, MICHAEL R
700 SE 3RD AVE.
SUITE 404
FT. LAUDERDALE FL 33316

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 10-9-96

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY BANDRINGA

Date

10-9-96 305/558-8222

Daytime Phone #

CR2E040 (7/96)

P94000087031

Could you please
waive the ~~REINSTATE~~-
ment fee. The renewal
must have been returned
to you due to my moving.
I got this notice from
the Post Office by chance.
I would have renewed
immed. if I had got the
first notice and I need

my corp. to operate my bus.
REINSTATEMENT