

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 JAN 12 PM 2:42

DOCUMENT # P95000022209

1. Corporation Name

Carlito's Cafe Inc.

000164049640
12/30/09--01018--021 **158.75

REINSTATEMENT 08-10KS
CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #

9045 SW 107 Ave

Suite, Apt. #, etc.

City & State

Kendall FL

Zip

33170

Country

U.S.A.

3. Mailing Office Address

1450 SW 73 Place

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33144

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

03/20/1995

5. FEI Number

650586872

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

Pedro O. Rodriguez

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

1450 SW 73 Place

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33144

☒ 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.

000164049640
01/12/10--01003--017 **300.00

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]

REGISTERED AGENT MUST SIGN

Date 12/22/09

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
P	Pedro O. Rodriguez	1450 SW 73 Place	Miami FL 33144
VP	Jennifer Rodriguez	" "	" "
ST	Carmen D. Rodriguez	" "	" "

10. E-mail Address: Carlitos Cafe 056@gmail.com

(To be used for future annual report notification)

11. 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. I further certify, 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] Jennifer Rodriguez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/22/09

Daytime Phone #

7863266137