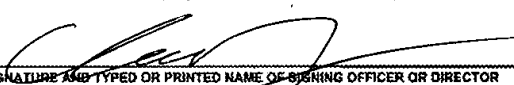


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2000-2001 CORPORATION REINSTATEMENT UBR		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 01 NOV 14 PM 4:34 SECRETARY OF STATE TALLAHASSEE FLORIDA	
DOCUMENT # P95 000062126					
1. Corporation Name Good Coffee, Inc.					
2. Principal Office Address 1131 E. Commercial Blvd. Suite, Apt. #, etc.		3. Mailing Office Address 1131 E. Commercial Blvd. Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 2-11-1995	
City & State Oakland Park, FL		City & State Oakland Park, FL		5. FEI Number 65-0602119 Applied For Not Applicable	
Zip 33334	Country Broward	Zip 33334	Country Broward	6. CERTIFICATE OF STATUS DESIRED ☒ \$5.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name Marwan Saad					
Street Address (P.O. Box Number is Not Acceptable) 1900 S. Ocean Blvd. 000004716881					
Suite, Apt. #, Etc. Apt #2-C -12/10/01--01030-001					
City Pompano Beach ****310.00 ****10.00					
State FL Zip Code 33062					
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S.					
Signature of Registered Agent 				Date 11-2-01	
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		
D	Marwan Saad	1900 S. Ocean Blvd Apt 2-C	Pompano Bch, FL 33062		
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 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)(g), 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: 				954-11-2-01 614-4222	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	