

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P95000090122

1. Corporation Name

SOUTH BEACH COFFEE COMPANY

Principal Place of Business

600 NE 36 ST., #1718  
MIAMI FL 33137

Mailing Address

P.O. BOX 3896  
MIAMI BEACH FL 33140  
US

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

Suite, Apt. #, etc.

975 ARTHUR GOREFREY RD

Suite, Apt. #, etc.

P.O. BOX 3003

City & State

MIAMI BEACH, FLA.

City & State

MIAMI BEACH, FLA.

Zip

33140

Country

USA

Zip

33140

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

11/22/1995

5. FEI Number

65-0629600

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)

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
V	GRINGARTEN, DROMA	<del>600 NE 36 ST., #1718</del> 975 ARTHUR GOREFREY ROAD	MIAMI FL MIAMI BEACH, FLA. 33140
PDC	GRINGARTEN, HAGAI	<del>600 NE 36 STREET #1718</del> 975 ARTHUR GOREFREY ROAD	MIAMI FL MIAMI BEACH, FLA. 33140

300002918953--4  
-06/29/99--01068--021  
\*\*\*\*908.75 \*\*\*\*908.75

TB  
6-28-99

8. Name and Address of Current Registered Agent

GRINGARTEN, HAGAI  
~~600 NE 36 ST., #1718~~  
~~MIAMI FL 33137~~

9. Name and Address of New Registered Agent

Name HAGAI GRINGARTEN  
Street Address (P.O. Box Number is Not Acceptable)  
4585 ADAMS  
Suite, Apt. #, Etc.

City MIAMI BEACH

State FL

Zip Code 33140

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 5.1.99

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

HAGAI GRINGARTEN 5.1.99 305-5769696

CR2500 (9/98)