

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 19 PM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P960000006739**

1. Corporation Name

Tutti's Cafe of Miami Beach INC

300033472643
04/21/04--01071--011 **600.00

REINSTATEMENT 01-04

2. Principal Office Address

222 LAKEVIEW AVE

Suite, Apt. #, etc.

160-600

City & State

WEST PALM BEACH

Zip

33401

Country

U.S.A

3. Mailing Office Address

222 LAKEVIEW AVE

Suite, Apt. #, etc.

160-600

City & State

WEST PALM BEACH FL

Zip

33401

Country

U.S.A

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

650639174

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$375 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

MICHAEL HEWITT

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

222 LAKEVIEW AVE

Suite, Apt. #, Etc.

160-600

City

WEST PALM BEACH

State

FL

Zip Code

33401

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

3/29/04

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
Pres	Michael Hewitt	222 LAKEVIEW AVE	Suite 160-600
			WEST PALM BEACH FL
			33401

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)(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

SPAIN
3/29/04 - 3493-7952633

Date

Daytime Phone #

CR2E081 (10/02)

MICHAEL HEWITT

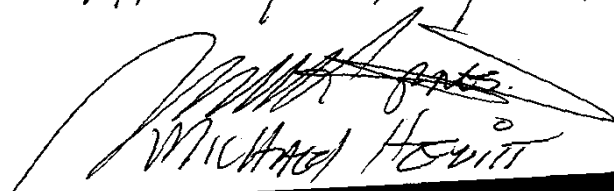
2082

222 Lakeview Ave., Suite 160-600 • West Palm Beach, FL 33401 • Phone 34-93-7452633 Fax 34-93-7930085

Kathy,

Per our previous conversation, I am asking for a waiver of the penalty on the REINSTATEMENT of THE CORPORATION "Tutti's Catering Miami Bch Inc." I am in Barcelona Spain BEING TREATED FOR MULTIPLE SCLEROSIS, AND I JUST RECEIVED THE UNIFORM BUSINESS REPORT. My Attorney Irwin Gans Dies on July 2, 2003. He handles all of the official papers for me for many years. I JUST RECEIVED ALL my papers from his widow, as his office is closed. I CAN'T UNDERSTAND WHY THIS WAS NOT TAKEN CARE OF. I AM SORRY AND ASK YOU TO ACCEPT MY CHECK FOR \$600.00 TO REINSTATE Tutti's Catering Miami Bch Inc.

Thank you for your time,


MICHAEL HEWITT