

PLEASE READ ALL INSTRUCTIONS BEFORE

APPLICATION
FOR
REINSTATEMENT



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

FILED
Jun 28 1999 8:00 am
Secretary of State

DOCUMENT # P96000023647

1. Corporation Name

COFFEE HOUSE INC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

3971 N. FEDERAL HWY
POMEROY BEACH, FLA 33064

3971 N. FEDERAL HWY
POMEROY BEACH, FLA 33064

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.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

3-14-96

5. FEI Number

65-0735755

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
D	CARMEN LUCIA DA ROCHA	2983 N.W. 92TH AVE	CORAL SPRING, FLA 33065
P	JOSE DE SOUZA	2979 N.W. 92 AVE	CORAL SPRING, FLA 33065
S	HERBERT DA ROCHA	2983 N.W. 92TH AVE	CORAL SPRING, FLA 33065

80000292776B--D
-07/09/99--01089--016
***1050.00 ***1050.00

LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

VIDAL VISCONTI

84 S.W. 13 RD STREET
MIAMI, FLA 33131

Name

HERBERT DA ROCHA

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

2983 N.W. 92TH AVE

Suite, Apt. #, Etc.

City

CORAL SPRING

State

Zip Code

FL

33065

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

6-22-99

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:

X Carmen Lucia da Rocha
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-22-99
Date

(954) 941-9898
Daytime Phone #

CR2E040 (12/96)