

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1052

CORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 NOV 23 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT# **P96000023047**

1. Corporation Name

COFFEE HOUSE, INC.

2. Principal Office Address

1923 MEARS PKWY

Suite, Apt. #, etc.

City & State

MARGATE, FL

Zip

Country

33063

USA

3. Mailing Office Address

1923 MEARS PKWY

Suite, Apt. #, etc.

City & State

MARGATE, FL

Zip

Country

33063

USA

REINSTATEMENT 02-04

4. Date Incorporated or Qualified
To Do Business in Florida

03/14/1996

5. FEI Number

65-0735755

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee is added
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

TAX HOUSE CORPORATION

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

1261 E SAMPLE ROAD

Suite, Apt. #, Etc.

City

POMPAÑO BEACH

State

FL

Zip Code

33064

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

BRENO R. GOMES - President

Date

11/17/04

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
PD	HEBERT DA ROCHA	1923 MEARS PKWY	MARGATE, FL 33063
PV	CARMEN LUCIA DA ROCHA	1923 MEARS PKWY	MARGATE, FL 33063
PS	ELIEL AMARAL SOARES JUNIOR	1923 MEARS PKWY	MARGATE, FL 33063

0000042954570
11/23/04--01022--014 **450.00

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)(1), 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

HEBERT DA ROCHA

Date

11/17/04 (954) 3696143

Daytime Phone #

202

FLORIDA DEPARTMENT OF STATE
Division of Corporation
2004 Uniform Business Report (UBR)
P.O. Box 6327
Tallahassee, FL 32314

P96000023047

COFFEE HOUSE, INC.

Dear Sir or Madam:

I've been informed by my accountant that the corporation mentioned above has been made inactive for non-payment of the Annual Report which had a deadline of 10/04/2002.

Due to a change of address, I did not receive the notice of our obligation to file an annual report. As a result of this misunderstanding I was unaware of my corporation becoming inactive. Now, I want to reinstate it, but I would like to have the fee of \$600.00 waived. Along with this letter I am attaching a check of \$450.00. I also have updated my mailing address to avoid any further mix-ups.

Please accept my apologies and the check to reinstate my business.

Thank you for your attention. Should you have any further questions please do not hesitate to contact me using the information listed below.

Sincerely,



COFFEE HOUSE, INC.
Hebert da Rocha - President
1923 Mears Pkwy
Margate, FL 33063
Phone: (954) 369-6143