

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
**REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Sandra L. Northington  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

1998 JAN 30 AM 10:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000060386 (5)**

1. Corporation Name

**Cafe Varona, Inc.**

Principal Place of Business

Mailing Address

**P.O. Box 661454  
Miami Springs, FL 33266**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

**P.O. Box 661454**

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

**P.O. Box 661454**

Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

**7/16/1996**

5. FEI Number

**65-0582134**

Applied For

Not Applicable

City & State

**Miami Springs, FL**

City & State

**Miami Springs, FL**

Zip

**33266**

Country

**U.S.A.**

Zip

**33266**

Country

**U.S.A.**

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<br>Title(s) | 2<br>Name of Officers<br>and/or Directors | 3<br>Street Address of Each<br>Officer and/or Director<br>(Do NOT Use Post Office Box Numbers) | 4<br>City / State / Zip |
|---------------|---|--|-------------------------|
| Pres.         | Sue Lynn C. Varona                        | #B403<br>9351 Fountainebleau Blvd.   | Miami, FL 33172         |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |
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**700002421757--5  
-02/04/98--01106--006  
\*\*\*\*315.00 \*\*\*\*315.00**

**1/30/98**

8. Name and Address of Current Registered Agent

**Sue Lynn Varona  
616 Wren Ave.  
Miami Springs, FL 33166**

9. Name and Address of New Registered Agent

Name  
**Sue Lynn Varona**  
Street Address (P.O. Box Number is Not Acceptable)  
**SV. 616 Wren Ave. 9351 Fountainebleau Blvd.**  
Suite, Apt. #, Etc.  
**#B403**  
City  
**SV. Miami Springs Miami**  
State  
**FL**  
Zip Code  
**33166 33172**

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

**Sue Lynn Varona**

REGISTERED AGENT MUST SIGN

Date **01/28/98**

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:

**Sue Lynn Varona**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01/28/98**  
Date

**225-6466**  
Daytime Phone #

CRPD040 (12/96)