

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



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

02 APR 19 AM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000160486

1. Corporation Name

THE COFFEE + TEA HOUSE OF KEY WEST, INC.

2. Principal Office Address

1218 DUVAL STREET

Suite, Apt. #, etc.

3. Mailing Office Address

1218 DUVAL STREET

Suite, Apt. #, etc.

City & State

KEY WEST, FL

City & State

KEY WEST, FL

Zip

33040

Country

USA

Zip

33040

Country

USA

REINSTATEMENT 99-02

4. Date Incorporated or Qualified
To Do Business in Florida

01/01/1997

5. FEI Number

593415599

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MARY M. VAUGHT

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

1218-D DUVAL ST.

Suite, Apt. #, Etc.

City

KEY WEST, FL

State

FL

Zip Code

33040

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

Mary M. Vaught
REGISTERED AGENT MUST SIGN

Date 4-12-02

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
P/S/D	LYNN P. BANKS	800 FLEMING ST. # 1C	KEY WEST, FL 33040
V/S/D	MARY M. VAUGHT	1218-D DUVAL ST.	KEY WEST, FL 33040

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:

Mary M. Vaught MARY M. VAUGHT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-02 (305)295-9939

Date

Daytime Phone #

CR2E081 (8/01)

95 4/26/02