

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 OCT 25 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000008187

1. Corporation Name

CAFFEINOS, INC.

Principal Place of Business

803 S BABCOCK ST
MELBOURNE FL 32901
US

Mailing Address

2612 PUTTENS LANE
MELBOURNE FL 32901
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/27/1997

5. FEI Number

59-3428780

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	4. City / State / Zip
P	HILL, JOHN D	2612 PUTTENS LN	MELBOURNE FL 32901
V	REISFELD, ARTHUR J	2612 PUTTENS LN	MELBOURNE FL 32901

500003034665--3
-11/04/99--01033--006
****150.00 ****150.00

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name Art Reisfeld
Street Address (P.O. Box Number is Not Acceptable)
2612 Puttens Ln
Suite, Apt. #, Etc.

City Melbourne

State FL

Zip Code 32901

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

REGISTERED AGENT MUST SIGN

Date 10/19/99

11. 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

Date

Daytime Phone #

Arthur J Reisfeld

10/19/99

561
770-5310

CAFFEINO'S INC.

2612 Putters Lane
Melbourne, FL 32901

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October 19, 1999

Florida Department Of State
Katherine Harris
Secretary of State
Division Of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Dear Sir or Madam:

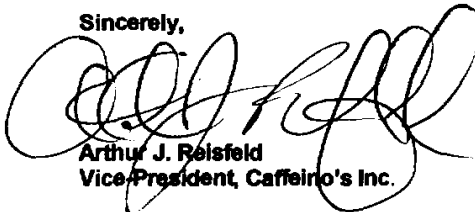
I have just recently been made aware that the 1999 Corporation Annual Report was not filed in a timely manner. At this time the fee to do so is \$750.00 instead of the usual fee of \$150.00.

My files do not indicate that I received the necessary forms to file. If you review my records you will see that we normally file this within the required time frame between January 1st and May 1st of each calendar year.

I am enclosing \$150.00 for the normal filing fee. I respectfully request that you accept our payment and waive the penalty you have indicated. This has been an unfortunate oversight, I'm sure.

Any consideration in this matter would be gratefully appreciated. Should you need any additional information to substantiate this request, we can be contacted at 407-724-0088.

Sincerely,



Arthur J. Reisfeld
Vice President, Caffelino's Inc.