

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 SEP 13 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

897000010292

1. Corporation Name

ERNEST'S CAFE COMPANY

300007833749--1

-09/18/02--01067--013

***1050.00 ***1050.00

REINSTATEMENT 00-02

2. Principal Office Address

707 South Street

Suite, Apt. #, etc.

3. Mailing Office Address

707 South Street

Suite, Apt. #, etc.

City & State

Key West, FL

City & State

Key West, FL

Zip

33040

Country

USA

Zip

33040

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/28/1997

5. FEI Number

650723738

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

MARK E. OROFINO

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

707 South Street

Suite, Apt. #, Etc.

City

Key West

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 617.0507, F.S.

Signature of
Registered Agent

Mark E. Orofino

REGISTERED AGENT MUST SIGN

Date

9/12/02

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
D/P/V/ S/T	MARK E. OROFINO	707 South Street	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:

Mark E. Orofino

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/02

Date

305-797-5406

Daytime Phone #

CR2E081 (9/01)

7/9/13/02