

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM: FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 NOV 19 AM 11:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000042917

**1. Corporation Name**

MASQUERADE CAFE INC

**2. Principal Office Address**

14800 CUMBERLAND DR

Suite, Apt. #, etc.

City & State

DELRAY BEACH FL

Zip

33446

Country

USA

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida**

5/14/97

**5. FEI Number**

65-0753373

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

JEFFREY R. Lempke

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

14800 CUMBERLAND DRIVE

Suite, Apt. #, Etc.

300024856773

11/19/03--01045--014 \*\*\$0.00

City

DELRAY BEACH

State

FL

Zip Code

33446

**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

*Jeffrey R. Lempke*  
REGISTERED AGENT MUST SIGN

Date

11/11/03

**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	ROBERT RAWLIN	14800 CUMBERLAND DR.	DELRAY BEACH, FL 33446
DT	KEVIN T REY	14800 CUMBERLAND DR.	DELRAY BEACH, FL 33446
D	JEFF LEMPKE	14800 CUMBERLAND DR.	DELRAY BEACH, FL 33446
D	SANDRA RAWLIN	14800 CUMBERLAND DR.	DELRAY BEACH, FL 33446

**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:

*Kevin T Rey*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/17/03

Daytime Phone #

561-702-7555

CR2E081 (10/02)