

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

02 DEC -4 AM 8:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000069834**

1. Corporation Name

**CAFE D'CREST, INC.**

Principal Place of Business

1666 JAMES AVENUE  
MIAMI BEACH FL 33139  
US

Mailing Address

2121 DOUGLAS ROAD  
MIAMI FL 33145

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

**08/11/1997**

5. FEI Number

**65-0799673**

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
V	ZARRAGA, DANIEL PEREZ	7585 SCHOOL HOUSE RD	MIAMI FL 33143
PT	PEREZ, FIDEL A	1785 FAIRHAVEN PLACE	MIAMI FL 33133
V	REVILLA, HENRY	7844 SW 88TH COURT	MIAMI FL 33143
VS	CRUZ, VICTOR	15110 SAXON CIRCLE	N FT LAUDERDALE FL 33331

8. Name and Address of Current Registered Agent

PEREZ, MARIA N  
2121 DOUGLAS ROAD  
MIAMI FL 33145

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

**Miami Beach**

**FL**

**33139**

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. or 617.0505, F.S.

Signature of  
Registered Agent

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date

**11/20/02**

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**11-20/02**

CR2E040 (8/02)



November 20, 2002

Division of Corporations  
Annual Report / Reinstatement Section  
PO Box 6327  
Tallahassee, Florida 32314-6327

**RE: Application of Reinstatement Document # P97000069834**

To whom it may concern:

This letter will serve to notify you that we did not receive prior UBR notices. I have made the appropriate changes pertaining to the mailing address for the corporation.

Enclosed please find the completed application for reinstatement as well as the filing fee.

Thank you for your prompt attention to this matter,

Sincerely,

Fidel A. Perez  
President

1670 james avenue  
miami beach  
florida 33139  
phone 305-531-0321  
f a x 305-531-8180  
u s a 800-531-3880  
[www.cresthotel.com](http://www.cresthotel.com)