

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 AUG -1 PM 2:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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-08/08/02--01021--015

\*\*\*\*112.50 \*\*\*\*112.50

**REINSTATEMENT**

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-08/08/02--01021--013

\*\*\*\*500.00 \*\*\*\*500.00

DOCUMENT # 97 0000 71 998

1. Corporation Name

Spirals Cafe, Inc.

2. Principal Office Address

1361 Coral Way

Suite, Apt. #, etc.

N/A

City & State

Miami, FL

Zip

33145

Country

U.S.A.

3. Mailing Office Address

1361 Coral Way

Suite, Apt. #, etc.

N/A

City & State

Miami, FL

Zip

33145

Country

U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

8/18/1997

5. FEI Number

650775668

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

Zuñilda Suarez

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

1361 Coral Way

Suite, Apt. #, Etc.

N/A

City

Miami

State

FL

Zip Code

33145

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\*\*\*\*287.50 \*\*\*\*287.50

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

6/24/02

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
PD	Zuñilda Suarez	1361 Coral Way	Miami, FL 33145

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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/24/02

Daytime Phone #

305-854-8619

CR2E081 (9/01)