## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## MAPPLICATION FOR REINSTATEMENT



FLORIDA PEPARTMENT OF STATE

K. Therine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

P97000079434

1. Corporation Name

THE COFFEE CUP CAFFE OF JACKSONVILLE, INC.

Principal Place of Business

Mailing Address

13853 PLEASANT VIEW DR N JACKSONVILLE FL 32225 13853 PLEASANT VIEW DR N JACKSONVILLE FL 32225

## PILED

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SEGRETARY OF STATE TALLAHASSEE: FLORIDA



					REINS	TATEMEN		
	ncipal Office Address, If Applicable		ugh incorrect information and enter correction below.  3. New Mailing Office Address, if Applicable			Date Incorporated or Qualified     To Do Business in Florida     09/12/1997		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. FEI Numbe		Applied For	
City & State	9	City & State				59-3477443	Not Applicable	
Zip	Country	Zip	Cou	intry	6. CERTIFICATI		1.75 Additional Fee required for a Certificate of Status	
7. Names	and Street Addresses of Each Officer and	/or Director (Flo	orida nonprofit corp	orations must list at le	ast 3 directors)			
Title(s)	Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip		
D	DUNGAN, MAYINN		13853 PLEASANT VIEW DR N		JACKSONVILLE FL 32225			
D	NAZARIO, SANDRA M $\mathcal{D} \mathcal{E} /$	13853 PLEASANT VIEW DR N			JACKSONVILLE FL 32225			
D	VISTA, MICHELLE		1150 BOCA GRANDE AVE			ATLANTIC BEACH FL 3	2233	
						5000046581950 -10/29/0101106007		
			7			****750.0	0 *****750.00	
							LS	
Name and Address of Current Registered Agent					Name and Address of New Registered Agent			
DUSS, ROBERT V 112 W ADAMS ST				Name	Name			
				Street Address (	(P.O. Box Number	r is Not Acceptable)		
SUITE		Suite, Apt. #, Etc.						
JACKSONVILLE FL 32202			City			Sta F		
10. I, being	g appointed the registered agent of the at	ove named corp	oration, am familia	r with and accept the o	obligations of Sec	tion 607.0505, F.S.		
Signature o Registered	Agent	Juno REGISTERED AC	GENT MUST SIGN			Date	.10/	
11. I certify	that I am an officer or director or the rec	eiver or trustee e	mpowered to exec	ute this application as	provided for in ch	apter 607 or 617, F.S. I furthe	er 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 TO PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/01 904-564-9900 Date Daytime Phone #