

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB -9 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PA8000046433

1. Corporation Name

Denise's Cafe Inc.

2. Principal Office Address

7224 Manatee Ave w.

Suite, Apt. #, etc.

City & State

Bradenton Fla.

Zip

34209

Country

U S

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 02-04

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

1-31-1998

5. FBI Number

650853624

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

10/11 Additional fee required
for a Certificate of Status

600027604986

02/09/04--01035--014 **150.00

7. Name and Address of Current Registered Agent

Name

Denise Badalamenti

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

14779 1st Ave. E

Suite, Apt. #, Etc.

City

Bradenton

State

FL

Zip Code

34212

600027604986

01/26/04--01071--011 **900.00

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

Denise Badalamenti

Date

1-22-04

REGISTERED AGENT MUST SIGN

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
P	Denise Badalamenti	14779 1st Ave. E	Bradenton Fl. 34212
VP	Mike Badalamenti	14779 1st Ave. E	Bradenton Fl 34212

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:

Denise Badalamenti

Denise Badalamenti

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR25081 (10/02)

TR