


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 # P98000046433

1. Corporation Name
Denise's Cafe Inc.

2. Principal Office Address
7224 Manatee Ave w.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State
Bradenton Fla.

Zip 34209 **Country** U S

600027604986
02/09/04--01035--014 **150.00
REINSTATEMENT 02-04
4. Date Incorporated or Qualified To Do Business in Florida 1-31-1998
5. FEI Number 650853624
6. CERTIFICATE OF STATUS DESIRED Additional fee required for a Certificate of Status

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 Date: 1-22-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (10/02)

TR