

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PA98000284884

1. Corporation Name
EUROPEAN CAFE INC.

2. Principal Office Address 927 N.E. 26 AVE. Suite, Apt. #, etc.	3. Mailing Office Address 410 E. HALLANDALE BEACH BLVD Suite, Apt. #, etc. SUITE 202
City & State HALLANDALE FL.	City & State HALLANDALE FL.
Zip 33009	Country USA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 MAY 30 PM 2:59

4. Date Incorporated or Qualified To Do Business in Florida 10-2-98

5. FEI Number 65-0868489
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 ERDOGAN ATAS

Street Address (P.O. Box Number is Not Acceptable) 927 N.E. 26 AVE.

Suite, Apt. #, Etc.

City HALLANDALE **State** FL **Zip Code** 33009

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 *Erdoğan Atas* **Date** 5-29-01
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&T	ERDOGAN ATAS	927 N.E. 26 AVE.	HALLANDALE, FL. 33009
	201.25-AR		
	10.00-ARRET		
	88.75-ARSUP		
			600004430826--4 -06/19/01--01110--013 ****300.00 ****300.00

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: *Erdoğan Atas* **ERDOGAN ATAS** **5.29.01** **305-720-5601**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**