

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

1 M 2  
**FILED**  
**May 17, 2002 8:00 A.M.**  
**Secretary of State**

DOCUMENT # *P98000101397*

1. Corporation Name

*XPRESS COFE CORP.*

800005610908--7

-05/27/02--01002--027

\*\*\*\*300.00 \*\*\*\*300.00

2. Principal Office Address

*5895 NW 167 ST*

Suite, Apt. #, etc.

*Miami*

City & State

*FL*

Zip

*33012*

Country

*USA*

3. Mailing Office Address

*SAME*

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

*12/07/1998*

5. FEI Number

*050879707*

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

*Niurys Horejón*

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

*5895 NW 167 ST*

Suite, Apt. # Etc.

*Miami*

City

*FL*

State

*FL*

Zip Code

*33015*

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 *05/17/2002*

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
<i>PSTD</i>	<i>Niurys Horejón</i>	<i>5895 NW 167 ST</i>	<i>Miami FL 33015</i>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*05/17/2002*


Daytime Phone #

292  
5/16/02

Division of Corporation  
Reinstatement Dept.

Ref: P98000101397  
Xpress Cafe Corp.

Per our conversation with your  
office I'm sending you \$300.00  
to pay for 2001 and 2002 Report  
Due to that the Address was  
Incorrect and I never received my  
Report. Thank you for waiving the  
Penalty fee and I will assure your  
office that this won't occur again.  
Thank you,

  
Norris Morejon  
(President)