

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 10 AM 11:51

DOCUMENT # **P9900000 4037**

1. Corporation Name

House of Cappuccino Inc

2. Principal Office Address

13860-39 Wellington Tr

Suite, Apt. #, etc.

39

City & State

Wellington FL

Zip

33414

Country

P.B. County

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 00-01

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

02-04-99

5. FEI Number

65-0886543

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

YOUSSEF A. Alami

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

2140 Country GOLF DRIVE

Suite, Apt. #, Etc.

City

Wellington FL

State

FL

Zip Code

33414

600004649886-5

-10/23/01--01036--015

******900.00 ****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

REGISTERED AGENT MUST SIGN

Date **9/30/01**

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
President	Victoria Pallares	1115 Grand Ray	Palm Beach Gardens FL 33418
Vice Pres	YOUSSEF A. Alami	2140 Country GOLF Drive	Wellington FL - 33414
			AD

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

10/9/01

Date

561-792-9317

Daytime Phone #

CR2E081 (9/00)