

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 25 AM 11:53

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # P99000062210

1. Corporation Name

NEW CAFE Con Leche, Inc.

2. Principal Office Address

94 Miracle Mile

Suite, Apt. #, etc.

City & State

Coral Gables, FL

Zip

33134

Country

Miami-Dade

3. Mailing Office Address

"SAME"

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/13/99

5. FEI Number

65-0932976

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

§ 75 Additional fee required
for Certificate of Status

400004657894--0
-10/29/01--01092--003
***550.00 ***550.00

7. Name and Address of Current Registered Agent

Name

Luis Penelas, Sr.

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

6209 NW 171st STREET

Suite, Apt. #, Etc.

City

Hialeah

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]

Date 10.23.01

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Luis Penelas, Sr.	6209 NW 171 st Street	Hialeah, FL 33134

SP

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)(f), 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10.23.01 4447933

Date

Daytime Phone #

OCTOBER 23, 2001

FL. DEPARTMENT OF STATE
ANNUAL REPORT

TO WHOM IT MAY CONCERN:

AS PER OUR CONVERSATION BY PHONE PLEASE CHECK YOUR RECORDS THAT MY CORPORATION, NEW CAFÉ CON LECHE INC., DOCUMENT #P99000062210 NEVER RECEIVED THE REJECTED LETTER SENT TO US FOR THE 2000 ANNUAL REPORT, NEITHER WE RECEIVED THE ANNUAL REPORT FOR THE YEAR 2001. PLEASE ACCEPT OUR PAYMENT OF \$550.00 AND KINDLY WAIVE ANY PENALTY DUE TO THE FACT THAT WE NEVER RECEIVED THESE PAPERS.

SINCERELY,

A handwritten signature in black ink, appearing to read "Luis Penelas, Sr.", written over a horizontal line.

LUIS PENELAS, SR.