

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 JUL 25 AM 8:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000068820

1. Corporation Name

NEWEUROPE CHOCOLATES & CAFES, INC.

Principal Place of Business

Mailing Address

7149 N. FRONTAGE RD.  
ORLANDO FL 32812

7149 N. FRONTAGE RD.  
ORLANDO FL 32812

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

07/28/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3591945

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	PREMATE, <del>DRAZENE</del> DRAZEN E	7149 N. FRONTAGE RD.	ORLANDO FL 32812
DTS	WINSCHER, MARGARET M	<del>400 ROOSEVELT AVE</del> 4732 SILVER HERON DR	<del>SATELLITE BEACH FL 32937</del> MELBOURNE, FL 32934

600021771236  
07/25/03--01005--006 \*\*900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WINSCHER, MARGARET M  
~~400 ROOSEVELT AVE~~  
SATELLITE BEACH FL 32937

Name

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

4732 SILVER HERON DR.

Suite, Apt. #, Etc.

City

MELBOURNE

State

FL

Zip Code

32934

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 7/17/03

11. 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 REQUIRED PREMATE 07/17/03 407-854-3393

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/02)