

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000080509

1. Corporation Name

STREETSIDE REFRESHMENTS, INC.

2. Principal Office Address - No P.O. Box #

2550 SW 27TH AVE

3. Mailing Office Address

2550 SW 27TH AVE

Suite, Apt. #, etc.

603

Suite, Apt. #, etc.

603

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33133

Country

USA

Zip

33133

Country

USA

7. Name and Address of Current Registered Agent

Name
JESUS V. BU

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

2550 SW 27TH AVE

Suite, Apt. #, Etc.

603

City

MIAMI

State

FL

Zip Code

33133

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

MARCH 14, 2007

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
PD	JESUS V. BU	2550 SW 27TH AVE # 603	MIAMI FL 33133

K. Eckel MAR 15 2007

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 contained in Chapter 119, 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

MARCH 14, 2007

Date

Daytime Phone #

FILED

07 MAR 15 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300093745283
03/19/07--01051--027 **450.00

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

09/10/1999

5. FEI Number

05-0579220

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.