

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

00 DEC 21 PM 4:12

DOCUMENT # P99000099467

1. Corporation Name
CUP OF JAVA INC

2. Principal Office Address
7904 WEST DRIVE #516

3. Mailing Office Address
7904 WEST DRIVE

Suite, Apt. #, etc. **STORES.
'SUITE-5 and 6**

Suite, Apt. #, etc. **STORES 5 and 6**

City & State
NORTH BAY VILLAGE

City & State
NORTH BAY VILLAGE

Zip Country
FLORIDA DADE

Zip Country
33141 U.S.A.

REINSTATEMENT 00

4. Date Incorporated or Qualified To Do Business in Florida
NOVEMBER 11-1999

5. FEI Number Applied For
650 965 653 Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$875 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name **ALBERT HAYAT** 500003514755 -- 7
Street Address (P.O. Box Number is Not Acceptable) **7904 WEST DRIVE** -12/27/00-01075-022
Suite, Apt. #, Etc. **STORES 5 AND 6** 500003514755 -- 7
City **NORTH BAY VILLAGE 1** State **FL** Zip **33141** ****750.00 ****760.00
****75 ****78.75

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 **12/18/2000**
REGISTERED AGENT MUST SIGN

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
SECY TREAS	ALBERT HAYAT	7904 WEST DRIVE 5 & 6	NORTH BAY VILLAGE FL 33141
PRES.	FRANK MOSES	8 N1 SW 93 rd COURT	MIAMI, FL 33173

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]** **ALBERT HAYAT** 12/18/2000 305 71-6340
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/99)