

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 NOV 26 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S06401**

1. Corporation Name

MIAMI COFFEE ROASTERS CORPORATION

Principal Place of Business

Mailing Address

8801 NW 15 ST.
MIAMI FL 33172

8801 NW 15 ST.
MIAMI FL 33172



REINSTATEMENT *off*

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/17/1990	
City & State		City & State		5. FEI Number	
Zip		Zip		65-0229345	
Country		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>					

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	ONTANEDA, MARCO ANTONIO	AVE. JUAN TANCA MARENGO KM. 4 1/	GUAYAQUIL, ECUADOR
VP	ONTANEDA, RAMIRO	AVE. JUAN TANCA MARENGO KM. 4 1/	GUAYAQUIL, ECUADOR
S	ONTANEDA, PABLO	AVE. JUAN TANCA MARENGO KM. 4 1/	GUAYAQUIL, ECUADOR
T	FERAUD, HORACIO	1201 MANATI AVE	CORAL GABLES FL 33146

EB
11/20/96

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
THOMPSON, ENRIQUE 1275 NW 120TH ST. MIAMI FL 33167		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	
		800002016518--1 -12/02/96--01005--004 ****375.00 FL ****375.00	

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.

Signature of Registered Agent *X J.A. Thompson* **SIGNATURE REQUIRED** Date *11-1-96*
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. 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: *J.A. Thompson* **SIGNATURE REQUIRED** Date *11-21-96*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
(305) 446 5792

CS2E340 (7/96)