Sandra B. Mortham Secretary of State DOCUMENT # \$97472 1. corporation Name Welling Address 1 BEACHARD BLVD 1 Black Age Blue 1 Blue Incorporation of Calculated 1 DO Country 1 Blue 1 Blue Incorporated of Calculated 1 DO Blue Incorporated Incorporated 1 DO Blue Incorporated Incorporated 1 DO Blue Incorporated In	PLEASE READ	ALL INSTRUCTIONS	BEFORE C	COMPLETING THIS FORM (UVEL	
REINVERSIDE CAFE, INC. Principal Place of Business If above addresses are incorrect in any way, line through incorreol information and enter correction below. If above addresses are incorrect in any way, line through incorreol information and enter correction below. If above addresses are incorrect in any way, line through incorreol information and enter correction below. If above addresses are incorrect in any way, line through incorreol information and enter correction below. If above addresses are incorrect in any way, line through incorreol information and enter correction below. If above addresses are incorrect in any way, line through incorreol information and enter correction below. If above addresses are incorrect in any way, line through incorreol information and enter correction below. If above addresses are incorrect in any way, line through incorreol information incorrect in any way, line through incorrect in the equilibrory of the policy of the above named corporation. In any promise for incorrection to any way, line through incorrect in the equilibrory of this policy in any way, line through incorrect in the equilibrory of this policy in an incorrection in the equilibrory of this policy in an incorrect in the equilibrory of the above named corporation, and accept the obligations of Section 697 6950, F.S. If I help a promised the regulator of the above named corporation, and accept the obligations of Section 697 6950, F.S. If I help a promised any way, line through information indicates on this explication	APPLICATION FOR	FLORIDA DEPARTME Sandra B. Mor Secretary of S	NT OF STATE rtham State	FILED 99 JAN -4 AMII: 29	
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US If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Pfinicipal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 3. New Mailing Office Address, If Applicable 5. Suite, Apt. #, etc. City & State City	Principal Place of Business	Mailing Address			
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Zerufficate of Status Desired Addresses of Each Officer and Forest Officer Officer and Forest Officer and Forest Officer Officer and Forest Officer Officer Officer and Forest Officer and Forest Officer Officer	City & State	City & State		Applied For	
Street Address of Each and/or Directors 3 (Do NOT Use Post Office Box Numbers) 4 (City / State / Zip	Zip Country	Zip Country	у	— 30./3 Additional Fee required	
Tille(s) 2 and/or Directors 3 (Do NOT Officer and/or Directors 4 City / State / Zip DP RAITEN, HUGH 812 FLAMEVINE LANE VERO BEACH FL 2 DDD 2 7 3 7 0 3 2 - 1 -01/11/3301133003 **********				· · · · · · · · · · · · · · · · · · ·	
8. Name and Address of Current Registered Agent STEWART, WILLIAM J. 3355 OCEAN DR VERO BEACH FL 32963 Signature of Registered Agent 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 11. This corporation owes or has paid the current year Intendible Personnal Property tax due June 30. 12. Lordity 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 oved by the corporation have been paid and the surres 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.	Title(s) and/or Directors Officer and/or Director		City / State / Zip		
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name STEWART, WILLIAM J. 3355 OCEAN DR VERO BEACH FL 32963 Site Address (P.O. Box Number is Not Acceptable) State Zip Code FL Site Address (P.O. Box Number is Not Acceptable) Sulta, Apt. #, Etc. City State Zip Code FL Signature of Registered Agent 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 11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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 filling 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 sagnes 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 cath.	DP RAITEN, HUGH 812 FLAMEVINE L		LANE	VERO BEACH FL	
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					