

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

**APPLICATION  
FOR  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 NOV 17 PM 3:29

**DOCUMENT # P01000058437**

1. Corporation Name

**LETA'S CARIBBEAN BAKERY & RESTAURANT, INC.**

Principal Place of Business

Mailing Address

8351 PINES BOULEVARD  
PEMBROKE PINES FL 33024

8351 PINES BOULEVARD  
PEMBROKE PINES FL 33024



**REINSTATEMENT** 03

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.		06/08/2001	
City & State		City & State		5. FEI Number	
Zip		Country		65-1138385	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	RAMOUTAR, CURTIS	8351 PINES BOULEVARD	PEMBROKE PINES FL 33024
D	RAMOUTAR, LETA	8351 PINES BOULEVARD	PEMBROKE PINES FL 33024

500024764275  
11/17/03--01103--011 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RAMOUTAR, CURTIS  
8351 PINES BOULEVARD  
PEMBROKE PINES FL 33024

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State <b>FL</b> Zip Code

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

*Curtis Ramoutar*  
**SIGNATURE REQUIRED**

Date 11/10/03

REGISTERED AGENT MUST SIGN

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:

*Curtis Ramoutar*  
**SIGNATURE REQUIRED**

11/10/03

(954) 704-8871

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRREC40 (7/03)

212

**Leta's Caribbean Bakery & Restaurant, Inc.**  
8351 Pines Boulevard  
Pembroke Pines, FL 33024-6607  
Tel: 954-704-8871

November 10, 2003

Division of Corporations  
P.O. Box 1300  
Tallahassee, FL 32302-1300

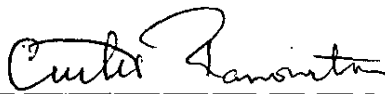
Dear Sirs:

**Re: Leta's Caribbean Bakery & Restaurant, Inc. FEI 65-1138385**

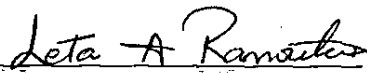
Please be advised that we did not receive the UBR Forms for renewal of our corporation. We are therefore requesting that you waive the existing penalty against the corporation.

Enclosed is check in the amount of one hundred and fifty dollars (\$150.00) to cover cost of renewal fees.

Signed:



Curtis A. Ramoutar  
Registered Agent



Leta Ramoutar  
Director