

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

P9200007143

FILED
FEB 27 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT
MIDWESTERN PART OF THE
DIVISION OF INFORMATION

DOCUMENT # P92000007143
1. Corporation Name
MIAMI BAKERY INC.
REINSTATEMENT 99-01

Mailing Address Principal Place of Business
835 NW 37 AVE 835 NW 37 AVE.
MIAMI, FL. 33125 MIAMI, FL. 33125

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Mailing Address, If Applicable 6601 W FLAGLER ST.
3. New Principal Office Address, If Applicable 6601 W FLAGLER STREET

Suite, Apt. #, etc.

City & State MIAMI, FLORIDA MIAMI, FLORIDA.

Zip 33126 Country USA Zip 33126 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 11-24-92

5. FEI Number 65-0370679 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/D	MARRERO, OCTAVIO	6601 W FLAGLER ST.	MIAMI, FL. 33126
			900003801869--4 -03/06/01--01031--019 *****50.00 *****50.00
			900003801869--4 -03/06/01--01031--020 ***1000.00 ***1000.00

8. Name and Address of Current Registered Agent
MARRERO, OCTAVIO
835 NW 27 AVE.
MIAMI, FL. 33125

9. Name and Address of New Registered Agent
Name MARRERO, OCTAVIO
Street Address (P.O. Box Number is Not Acceptable) 6601 W FLAGLER ST.
Suite, Apt. #, Etc.
City MIAMI State FL Zip Code 33126

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 *Oel Man* REGISTERED AGENT MUST SIGN Date

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box (See other side for additional information.)

12. 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.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: OCTAVIO MARRERO, PRESIDENT 02-23-2001 *ASK*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (6/94)

OFFICE USE ONLY (Document #)

LAZARUS CORPORATE FILING SERVICE

(Requestor's Name)

3320 S.W. 87 AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip)

(Phone #)

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Miami Bakery Inc (Corporation Name) _____ (Document #) _____
2. _____ (Corporation Name) _____ (Document #) _____
3. _____ (Corporation Name) _____ (Document #) _____
4. _____ (Corporation Name) _____ (Document #) _____

- Walk in
 Pick up time 2:06
 Certified Copy
 Mail out
 Will wait
 Photocopy
 Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input checked="" type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RECEIVED
 01 FEB 26 AM 10:13
 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

Stacy
2/26

Examiner's Initials _____



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

February 26, 2001

MIAMI BAKERY INC.
% LAZARUS
WALK-IN,

SUBJECT: MIAMI BAKERY INC.
Ref. Number: P92000007143

We have received your document for MIAMI BAKERY INC. and check(s) totaling \$1000.00. However, your check(s) and document are being returned for the following:

The above listed corporation was administratively dissolved or its certificate of authority was revoked for failure to file its 1999 corporate annual report/uniform business report form. To reinstate, the corporation must submit a completed reinstatement application/annual report/uniform business report and the appropriate fees.

The fees to reinstate the corporation are as follows: \$600.00 reinstatement fee, \$61.25 filing fee per year for the years 1999 through the current year, \$88.75 corporate supplemental fee for 1992 and every year thereafter.

Therefore, the total amount due to reinstate the corporation is \$1050.00. Add an additional \$8.75 for each certificate of status requested.

The total amount due includes the 2001 Annual Report/Uniform Business Report and Supplemental Fee.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6059.

Stacy Prather
Document Specialist

Letter Number: 401A00012097

RECEIVED
01 FEB 27 PM 2:52
DIVISION OF CORPORATION