

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAY 19 PM 12:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P99000090383

1. Corporation Name

68<sup>th</sup> Street Bakery, Inc.

2. Principal Office Address

68<sup>th</sup> NE 3rd Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

800 Ocean Drive

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami Beach, FL

Zip

33137

Country

Dade

Zip

33139

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

10/13/99

5. FEI Number

65-0957339

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 01-03

7. Name and Address of Current Registered Agent

Name

Beatriz M Capote

000019321280

05/19/03--01067--023 \*\* 050.00

Street Address (P.O. Box Number is Not Acceptable)

799 Brickell Plaza, [REDACTED]

Suite, Apt. #, Etc.

Ste. 100

City

Miami

State

FL

Zip Code

33131

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]

REGISTERED AGENT MUST SIGN

Date

5/9/03

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
P, V, S, T	Mark Soyka	5582 NE 4th Ct., Ste. 6	Miami, FL 33137

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]

Mark Soyka

Date

5/9/03

Daytime Phone #

305-759-8207

21 5/23

CPRE001 (10/02)