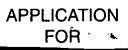
## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.





## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

**DIVISION OF CORPORATIONS** 



1. Corporation Name

CAKE DESIGNS BY EDDA, INC.

Principal Place of Business

Mailing Address

4315 S.W. 72ND AVE. MIAMI FL 33155

**SIGNATURE** 

4315 S.W. 72ND AVE.

MIAMI FL 33155



FILED

02 MAR 14 PM 2: 23

SECRETARY OF STATE TALLAHASSEE, FLORIÐA



If above a	ddresses are	incorrect in any way, line th	rough incorrect in	nformation ar	nd enter co	orrection below.					
				ing Office Address, If Applicable			Date Incorporated or Qualified     To Do Business in Florida     09/26/1991				
Suite, Apt. #, etc. Suite, Apt. #,				etc.			5. FEI Numi			Applied For	
City & State City & State								65-0284174 Not Applicable			
Zip		*Country	Zip	-76	Country		CERTIFICA			ional Fee required ificate of Status	
7. Names a	and Street Add	dresses of Each Officer and	d/or Director (Flo	rida nonprofi	t corporati	ons must list at lea	ast 3 directors)				
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director				City / State / Zip			
PST	MARTINEZ,	Martinez, Edda			6921 S.W. 95TH AVE			MIAMI FL			
VĎ ÷ε	MARTINEZ,	EDWARD L		6921 S.W	. 95 AVE			MAIMI FL 33173			
						÷ · ·	-	700 <u>0051</u> 90	71774 0106	73	
-		. • •	-			<u></u>	1	****300.00	**	**300.00 }-	
			<del></del>				U1	00 91	<u> </u>	1 18	
	8. Nam	e and Address of Curren	Registered Age	ent	-		9. Name and	d Address of New Registered	Agent	1 '	
					Name EDIAMO MARTINEZ						
Martinez, edda 6921 S.W. 95th avenue					Street Address (P.O. Box			umber is Not Acceptable)  15 AUE			
MIAMI_	FL 33173			سينتنجت		_Suite, Apt#, Etc.	<u> جو مستون می مین</u>	جين المنظام المالي المنظم ا المنظم المنظم		الباسة الشكيمة ليست	
						City	<u> </u>	State FL	Zip C	3173	
10. I, being	appointed the	e registered agent of the ab	ove named corpo	oration, am fa	amiliar with	and accept the ol	bligations of Se	ection 607.0505, F.S.		, ,	
Signature of Registered		ASHEIN L	FUP É			IRED		- Date	07		
this reins	statement app	olication, the reason for dis-	solution has been	eliminated, 1	the corpor	ate name satisfies	the requirement	hapter 607 or 617, F.S. I further its of section 607.0401 or 617.0 index section 119.07(3)(i), F.S.	401, F.S.	., that all fees	

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/01 305-E

Daytime Phone #

CH2E040 (8



February 19, 2002

Florida Department of State P.O. Box 6327 Tallahassee, FL. 32314-6327

Re: Annual Report: Cake Designs by Edda, Inc. Document # S82946

Dear Sir/Madam:

Enclosed please find our Application for Reinstatement for the year 2001. Please be advised that we never received our annual report renewal for 2001. The first notice that we received was the enclosed Application for Reinstatement. I understand that other Florida corporations did not receive other 2001 annual reports. Please accept this application and the \$150.00 fee as timely filed.

Eduardo Martinez, VP

Cake Designs by Edda, Inc.