

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

APPLICATION FOR



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 MAR 14 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S82946

1. Corporation Name

CAKE DESIGNS BY EDDA, INC.

Principal Place of Business

Mailing Address

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

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



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

09/26/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0284174

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PST	MARTINEZ, EDDA	6921 S.W. 95TH AVE	MIAMI FL
VP	MARTINEZ, EDWARD L	6921 S.W. 95 AVE	MIAMI FL 33173

700005190047--3
-04/03/02-01063-007
***300.00 ***300.00

01-02 UBR

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MARTINEZ, EDDA
6921 S.W. 95TH AVENUE
MIAMI, FL 33173

Name
EDUARDO MARTINEZ
Street Address (P.O. Box Number is Not Acceptable)
6921 S.W. 95 AVE
Suite, Apt. #, Etc.

City MIAMI State FL Zip Code 33173

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 *[Signature]* SIGNATURE REQUIRED REGISTERED AGENT MUST SIGN

Date 2/14/02

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: *[Signature]* SIGNATURE REQUIRED EDUARDO MARTINEZ, VP 2/14/02 305-666-3352
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/01)



CAKE
DESIGNS
BY EDDA

DO NOT REMOVE!

2/19/02

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.

Sincerely,

Eduardo Martinez, VP
Cake Designs by Edda, Inc.