

147617

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONSFILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2004 JAN -7 PM 3:02

DOCUMENT # 147617

1. Corporation Name

Premier Baking Company, Incorporated

2. Principal Office Address

1124 W. Garden St.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pensacola, FL

City & State

Zip

32501

Country

Escambia

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1946

5. FEI Number

59-0550376

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Regina Scotto Wedig

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

2501 N. Whaley Ave.

Suite, Apt. #, Etc.

City

Pensacola

State
FLZip Code
3250301/07/04--01049--018 **343.75
200026394232
01/07/04--01049--018 **343.75
11/21/04
D.C.

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

REGISTERED AGENT MUST SIGN

Date

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
PD	Anthony P. Scotto, JR.	2501 N. Whaley Ave.	Pensacola, FL 32503
VP, D, S	Regina S. Wedig	2501 N. Whaley Ave.	Pensacola, FL 32503

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)