

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 NOV 21 AM 11:35

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 522107

1. Corporation Name

TRULY SCRUMPTIOUS DANISH AND PASTRIES, INC.

2. Principal Office Address

1393 S. UNIVERSITY DRIVE

Suite, Apt. #, etc.

City & State

PLANTATION, FLORIDA

Zip

33324-4025

Country

U.S.A.

3. Mailing Office Address

1393 S. UNIVERSITY DRIVE

Suite, Apt. #, etc.

City & State

PLANTATION, FLORIDA

Zip

33324-4025

Country

U.S.A.

REINSTATEMENT
CR2E081 (8/05)

02-05

4. Date Incorporated or Qualified
To Do Business in Florida

12/02/1976

5. FEI Number

59-1674288

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

JOAO A. FERREIRA

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

16142 EMERALD COVE ROAD

Suite, Apt. #, Etc.

City

WESTON

State

FL

Zip Code

33331

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

Joao Ferreira POA

Date 11-18-05

REGISTERED AGENT MUST SIGN

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	JOAO A. FERREIRA	16142 EMERALD COVE ROAD	WESTON, FL 33331

600061606466

11/21/05--01045--018 **1250.00

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:

Joao Ferreira POA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-18-05

Daytime Phone #

11/21