

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **621312**

1. Corporation Name

HAMMOND'S FLAKY BAKE, INC.

Principal Place of Business

~~3607 NW 191ST ST~~
~~CAROL CITY (MIAMI) FL 33056~~

Mailing Address

~~3607 NW 191ST ST~~
~~CAROL CITY (MIAMI) FL 33056~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

17847 NW 27 AVE
Suite, Apt. #, etc.

City & State

OPA LOCKA FL
Zip **33056-3502** Country **USA**

3. New Mailing Office Address, If Applicable

17847 NW 27 AVE
Suite, Apt. #, etc.

City & State

OPA LOCKA FL
Zip **33056-3502** Country **USA**

4. Date Incorporated or Qualified
To Do Business in Florida

05/10/1979

5. FEI Number

59-1943187

Applied For

Not Applicable

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	HAMMOND, GEORGE A	3607 NW 191ST ST 17847 NW 27th AVENUE	MIAMI FL OPA LOCKA, FL.33056-3502
STD	HAMMOND, JOAN E	3607 NW 191ST ST 17847 NW 27th AVENUE	MIAMI FL OPA LOCKA, FL.33056-3502

900002394769-1
-01/08/98-01115-003
******750.00 ****700.00**

JS-98

8. Name and Address of Current Registered Agent

HAMMOND, GEORGE
3607 NW 191 ST
SUITE 3250
CAROL CITY FL 33056

9. Name and Address of New Registered Agent

Name
HAMMOND, GEORGE
Street Address (P.O. Box Number is Not Acceptable)
17847 NW 27th AVENUE
Suite, Apt. #, Etc.

City
OPA LOCKA

900002394769-1
-01/08/98-01115-004
******501.00 ****330.00**

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]

REGISTERED AGENT MUST SIGN

Date **12/31/97**

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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

[Signature]

12/31/97

Date

(305)624-9982

Daytime Phone