

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 JAN 10 AM 11:20

DOCUMENT #637289

1. Corporation Name

Kalupa's Bakery Inc

REINSTATEMENT 08-11

800190841958

01/10/11--01061--012 **1208.75

CR2E081 (6/10)

2. Principal Office Address - No P.O. Box #

2602 S. Mac Dill Ave

3. Mailing Office Address

2602 S. Mac Dill Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33629

Country

USA

Zip

33629

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

08/02/79

5. FEI Number
59-1973358

☐ 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

Baccarella, Dominic

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

4144 N. Armenia Ave

Suite, Apt. #, Etc.

210

City

Tampa,

State

FL

Zip Code

33607

201/12

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

Date

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
PD	Kalupa, Michael	2602 S. Mac Dill Ave	Tampa, FL 33629
D	Baccarella, Dominic	2602 S. Mac Dill Ave	Tampa, FL 33629
ST	Kalupa, Susan T.	2602 S. Mac Dill Ave	Tampa, FL 33629

10. E-mail Address: kalupa@gte.net

(To be used for future annual report notification)

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. I further certify, 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:

Michael Kalupa

MICHAEL KALUPA

01/03/2011

8139021979

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #