

2052

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**CORPORATION REINSTATEMENT
BRYAN BAKING, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$1,200.00

Electronic Filing Menu

Corporate Filing Menu

Help

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10 JUN 21 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F06000004331

1. Corporation Name

BRYAN BAKING, INC.

2. Principal Office Address - No P.O. Box #
600 Phil Gramm Blvd.

Suite, Apt. #, etc.

City & State

Bryan, Texas 77807-9101

Zip

77807-9101

Country

U.S.A.

3. Mailing Office Address

600 Phil Gramm Blvd.

Suite, Apt. #, etc.

City & State

Bryan, Texas 77807-9101

Zip

77807-9101

Country

U.S.A.

REINSTATEMENT 07-10
CR2001 (1/10)

4. Date Incorporated or Qualified
To Do Business in Florida

06/22/2006

5. FEI Number

52-1661226

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

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, hereby certify that I am qualified to perform the obligations of section 607.0605 or 617.0503, F.S.

Signature of
Registered Agent

Chris McNeel
Assistant Secretary

Date June 29, 2010

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
VPD	Frederick J. Bower	600 Phil Gramm Blvd.	Bryan, Texas 77807-9101
D	John Paterakis	601 S. Caroline St.	Baltimore, MD 21231
PD	Peter Grimm	6 Commerce Dr. South	Harriman, NY 10929
ST	Tray Elliott	600 Phil Gramm Blvd.	Bryan, TX 77807
D	William Paterakis	601 S. Caroline St.	Baltimore, MD 21231
D	Stephen Paterakis	601 S. Caroline St.	Baltimore, MD 21231

10. E-mail Address: MAguilar@mid-southbaking.com

(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, P.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:

Fred J. Bower

6/29/10

978-778-8600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #