

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 NOV 17 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *FS2351*

1. Corporation Name

LUCERNA BAKERY INC

2. Principal Office Address

5430 W 9TH LANE

Suite, Apt. #, etc.

City & State

Hialeah

Zip

33012

Country

MIAMI-Dade

3. Mailing Office Address

5430 W 9 LANE

Suite, Apt. #, etc.

City & State

Hialeah FL

Zip

33012

Country

MIAMI-Dade

REINSTATEMENT *04*

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-2147253

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

IVAN MORALES

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

5430 W 9 LANE

Suite, Apt. #, Etc.

City

Hialeah FL 33012

State

FL

Zip Code

33012

8. I, being appointed the registered agent of the above corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

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
7	IVAN MORALES	5430 W 9 LANE	Hialeah FL 33012

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/15/04

Daytime Phone #

CR2081 (01/04)

28 October 2004

DIV. Corporation

I have received any notice about my
corporation. Please send me the form
and the amount.

Thank you
Lucas Bates

Correct address
5430 W 9th
Aurora FL 33012

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED