

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

04 NOV 17 AM 10:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**REINSTATEMENT 04**

DOCUMENT # **FS2351**

1. Corporation Name  
**LUCERNA BAKERY INC**

2. Principal Office Address <b>5430 W 9TH LANE</b>		3. Mailing Office Address <b>5430 W 9 LANE</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>MIAMI</b>		City & State <b>MIAMI FL</b>	
Zip <b>33012</b>	Country <b>MIAMI-066</b>	Zip <b>33012</b>	Country <b>MIAMI-066</b>

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

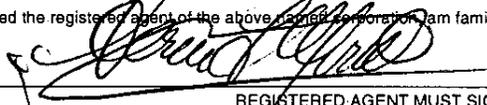
Name **IVAN MORALES**

Street Address (P.O. Box Number is Not Acceptable)  
**5430 W 9 LANE**

Suite, Apt. #, Etc.

City **Miami FL** Zip Code **33012**

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 \_\_\_\_\_

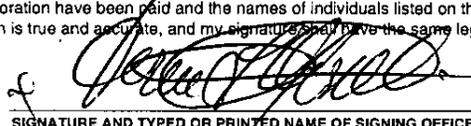
REGISTERED AGENT MUST SIGN

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
	<b>IVAN MORALES</b>	<b>5430 W 9 LANE</b>	<b>Miami FL 33012</b>

6100043005336  
11/21/04--01060--013 \*\*550.00

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:  Date **11/15/04** Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/04)

28 October 2004

D.V. Corporation

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

Thank you  
Lucious Bates

Correct address  
5430 W 92N  
Aurora FL 32012

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED