

PLEASE READ ALL INSTRUCTIONS BEFORE COMF

**FILED**  
**Jun 11, 2002 8:00 am**  
**Secretary of State**

06-11-2002 90389 046 \*\*\*150.00

**CORPORATION  
 REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **H 64444**

1. Corporation Name

**FERRARO'S ITALIAN BAKERY, INC.**

2. Principal Office Address

**860 N. FED. Hwy.**

Suite, Apt. #, etc.

3. Mailing Office Address

**860 N. FED Hwy**

Suite, Apt. #, etc.

City & State

**Pompano Beach, FL**

City & State

**Pompano Beach, FL**

Zip

**33062**

Country

**USA.**

Zip

**33062**

Country

**USA**

4. Date Incorporated or Qualified  
 To Do Business in Florida

**7/1/85**

5. FEI Number

**59-2560839**

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

**MARIE FERRARO**

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

**860 N FED Hwy**

Suite, Apt. #, Etc.

City

**Pompano Beach**

State

**FL**

Zip Code

**33062**

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

**Marie Ferraro**

REGISTERED AGENT MUST SIGN

Date

**6/7/02**

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
P	JOHN FERRARO	860 N. FED Hwy	Pompano Bch, FL 33062
V	MARIE FERRARO	860 N. FED Hwy	Pompano Bch, FL 33062

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:

**Marie Ferraro**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6/7/02**

Date

**934  
 782-3331**

Daytime Phone #

CR25381 (9/01)

*Attached*

**FERRARO'S ITALIAN BAKERY, INC.**

860 N. Federal Hwy.  
Pompano Beach, FL 33062

**John Ferraro**  
President

Office: (954) 782-3331

June 4, 2002

Uniform Business Report  
Division of Corporations  
PO Box 1500  
Tallahassee, FL 32302-1500

RE: Fed ID# 59-2560839  
Document # H64444

117403

To Whom It May Concern:

Please be informed that since I did not receive the Annual Report, I inadvertently forgot to make the annual payment.

Enclosed is a check in the amount of \$150.00 dollars and a copy of the reinstatement form all signed. My address as shown on my letterhead is the correct and present address. Kindly update your records and advise me as to the status of my corporation.

Thank you in advance for your understanding.

-Sincerely;-

John Ferraro