

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #**

K27208

**1. Corporation Name**

Imperial Baguette Company, Inc.

**2. Principal Office Address**

c/o Owen S. Freed

**3. Mailing Office Address**

c/o Owen S. Freed

Suite, Apt. #, etc.

Suite 2200, 150 West Flagler Street

Suite, Apt. #, etc.

Suite 2200, 150 West Flagler Street

City & State

Miami, Florida

City & State

Zip

33130

Country

USA

Zip

33130

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

65-0113250

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

Owen S. Freed

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

150 West Flagler Street

Suite, Apt. #, Etc.

Suite 2200,

City

Miami

State  
**FL**

Zip Code

33130

**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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 12-30-02

**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, D	Owen S. Freed	550 Puerta Avenue	Coral Gables, FL. 33143
S	Dulce M. Zuniga	430 NE 131 Street	North Miami, FL. 33161

**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]*

Owen S. Freed

12/16/02

305-789-3456

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

RECEIVED  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

03 JAN -6 AM 11:16

FILED

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12/20/02--01075--006 \*758.75

REINSTATEMENT

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CR2E081 (9/01)