

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 DEC 18 AM 9:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000034645

Name and Mailing Address

0011242 01 AT 0.292 \*\*AUTO T2 1 0815 34741-488518



FLORIDA BREAD, LLC  
600 NORTH THACKER AVE.  
SUITE A-18  
KISSIMMEE FL 34741-4885



2. New Mailing Address

12701 S. John Young Pkwy Suite (106)

City, State, Zip

Orlando FL 32837

Principal Place of Business

600 NORTH THACKER AVE.  
SUITE A-18  
KISSIMMEE FL 34741

3. New Principal Place of Business Address

12701 S. John Young Pkwy Suite (106)

City, State, Zip

Orlando FL 32837

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

12/23/2002

6. FEI Number

81-0597745

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

ARREDONDO, VICTOR M  
600 NORTH THACKER AVE.  
SUITE A-18  
KISSIMMEE FL 34741

9. Name and Address of New Registered Agent

Name

Arredondo Victor M.

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

12701 S. John Young Pkwy Suite 106

City

Orlando

FL

Zip Code

32837

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

Date 11-07-03

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
P	ARREDONDO VICTOR	2807 SHERBROOK COURT KISSIMMEE, FL 34743	KISSIMMEE FL 34743
T	Auburn Spardo	5239 Las Polva Varn Dr Orlando FL 32837	Orlando FL 32837
		000024703180 11/14/03--01026--003 **150.00	

REINSTATEMENT

63

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of  
Managing Member/Manager

SIGNATURE REQUIRED

Date 11-07-03 Daytime Phone #

Typed or printed name of signing Managing Member/Manager