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g 3 4		PLEASE F	READ A	ALL INS	STRUC	TIONS	S BEFC	RE C	ОМР	PLET	ING	TH!	s F	DRN	VED 1	Fa	\ (e	1	
CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF Katherine Harris Secretary of State DIVISION OF CORPORATION								i	FILED OD MAY -5 PM 4: 02							2			
DOCUMENT # L99404 1. Corporation Name										SECRETARY OF STATE TALLAHASSEE, FLORIDA									
·		ALITY BAK	ERY, II	NC.				1		•									
2. Principal Office Address 103 NW 43rd Street				3. Mailing Office Address 103 NW 43rd Street															
Suite, Apt. #, etc.				Suite, Apt. #. etc.							orated or ness in F		fied	Sej	pt.	2, 1	990	_	
City & State Boca Raton, Florida				City & State Boca R	aton,	on, Florida			5. FEI	Number	5-	0 2	212	3-	71		lied For Applica	_	
Zip 3343	31	Country USA		Zip 3343	1	Count	ry SA		6. CERT		OF STAT	_		$\neg r$	•	ditional F Certificate			
	Street Addi 1323 Suite, Apt.	es Messer ess (P.O. Box No Lyons Roa #. Etc.	ıd /	t Acceptable)	Name and A	Address o	of Current R	egistered	Agent		State	Z	¥306	· · · · · · · · · · · · · · · · · · ·					
8. I, being a	appointed the r	egistered agent o			gration, am t	lamitiar wi	th and accep	ot the oblig	jations (of section		05 or						(06/06)	
Registered Agent REGISTERED AGE						NT MUST SIGN					Date 4/6/00							CROFOR	
9. Names a	and Street Addi	esses of Each O	fficer and/or	Director (Flo	orida nonpro	fit corpora	itions must li	st at least	3 direct	tors)]	
Titles	Name of Officers and/or Directors					Street Address of Each Officer and/or Director				City / State					atè / Zip	·]	
D	Peter Kallas			7401	7401 NW 37th Court					Lauderhill, Fl.									
										5	000) <u>)</u>	32	38	395	55-	E	3)	
		<u> </u>	EINS	STAT	EME		*	743 **	<u> </u>	3			<u>. </u>						
		•	-		-		-		A/`		-					<u>-</u>		1	

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 filling 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 tees owed by the corporation have been paid and the names of individuals listed on this form do not quality 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:

SENATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

B. ZalZ



ACCOUNT NO. : 072100000032

REFERENCE :

684848

AUTHORIZATION

COST LIMIT : \$ 1800.00

ORDER DATE: May 3, 2000

ORDER TIME : 3:15 PM

ORDER NO. : 684848-005

CUSTOMER NO:

80899A

CUSTOMER: Morris Schnur, Esq.

Schnur & Schnur

Suite 300

7880 West Oakland Park Blvd Ft. Lauderdale, FL 33351

DOMESTIC_FILINGS

NAME: BOCA BEE QUALITY BAKERY, INC.

REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Tamara Odom

EXAMINER'S INITIALS