PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 APR -4 AM 10:08

DOCUMENT # L99404

1. Corporate Name
BOCA BEE QUALITY BAKERY, INC.

600018568186
05/08/03--01065--003 **1015.50

REINSTATEMENT 01-03

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 103 NW 43rd STREET | 103 NW 43rd STREET |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: BOCA RATON, FL | City & State: BOCA RATON, FL |
| Zip: 33431 Country: USA | Zip: 33431 Country: USA |

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 65-0212371 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $30.00 Additional Fee Required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: PETER KALLAS

Street Address (P.O. Box Number is Not Acceptable): 103 NW 43rd STREET

600018568186
05/08/03--01065--004 **34.50

Suite, Apt. #, Etc.

City: BOCA RATON, FLORIDA State: FL Zip Code: 33431

8. I hereby 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: Peter Kallas Date: 4/3/03
REGISTERED AGENT MUST SIGN

CR2E381 (06/02)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|---|---|---|---|
| P | Peter Kallas | 103 NW 43rd STREET | Boca Raton, FL 33431 |
| S | Peter Kallas | 103 NW 43rd STREET | Boca Raton, FL 33431 |
| T | Peter Kallas | 103 NW 43rd STREET | Boca Raton, FL 33431 |
| | | | |
| | | | |
| | | | |

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 this [illegible] 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 I have given on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Peter Kallas President 4/3/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone
PETER KALLAS