

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 OCT 18 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N 02000004150*

1. Corporation Name

LET'S SHARE BREAKFAST, INC.

2. Principal Office Address - No P.O. Box #

501 SW 8th TERRACE

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

Zip
33486

Country
USA

3. Mailing Office Address

501 SW 8th TERRACE

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

Zip
33486

Country
USA

REINSTATEMENT 0507
CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

5/31/2002

5. FEI Number

65 1078390

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 *DAVID K. HIRSCH*

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

175 W. CAMINO REAL

Suite, Apt. #, Etc.

City *BOCA RATON*

State
FL

Zip Code
33432

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 *10/11/07*

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
<i>P</i>	<i>FLORENCE FRENCH</i>	<i>1298 SW 9th AVE</i>	<i>BOCA RATON, FL 33486</i>
<i>D</i>	<i>JACQUELINE FRENCH</i>	<i>501 SW 8th TERRACE</i>	<i>BOCA RATON, FL 33486</i>
<i>T</i>	<i>REYNALD FRENCH</i>	<i>1298 SW 9th AVE</i>	<i>BOCA RATON, FL 33486</i>
<i>D</i>	<i>VIOLETTE REY</i>	<i>400 NE 20th ST.</i>	<i>BOCA RATON, FL 33431</i>

900110968239
10/18/07--01045--002 **183.75

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jacqueline French

10/12/07

Date

561-391-6262

Daytime Phone #