

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N96000005604

FILED  
Oct 30, 2008  
Secretary of State

**Entity Name:** HOUSE OF BREAD INCORPORATED

**Current Principal Place of Business:**

3900 BRAODWAY  
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

**Current Mailing Address:**

3900 BRAODWAY  
WEST PALM BEACH, FL 33401

**New Mailing Address:**

**FEI Number:** 65-0754450      **FEI Number Applied For** ( )      **FEI Number Not Applicable** ( )      **Certificate of Status Desired** (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

PARRISH, BRUCE W JR.  
105 SOUTH NARCISSUS AVE.  
SUITE 701  
WEST PALM BEACH, FL 33401 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: BRUCE PARRISH JR.

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CLARK, ISIAH S JR.  
Address: 1921 HILTONIA CIR.  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: VD ( ) Delete  
Name: CLARK, MARY F  
Address: 1921 HILTONIA CIR.  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: STD ( ) Delete  
Name: BROWN, ADRIENNE  
Address: 802 WEST TIFFANY DRIVE #3  
City-St-Zip: WEST PALM BEACH, FL 33407

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ISIAH S. CLARK JR.

PD

10/30/2008

Electronic Signature of Signing Officer or Director

Date