PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary Fractions DIVISION OF CORPORATIONS

DOCUMENT # P0000009173

1. Corporation Name

PONCE'S BAKERY, INC.

Principal Place of Business

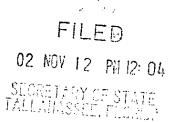
Mailing Address

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

211 N PINE AVE. UNIT #1 INVERNESS FL 34450

SIGNATURE:

211 N PINE AVE. UNIT #1 INVERNESS FL 34450





Daytime Phone #

·	If above addresses are incorrect in any way, line through incorrect information and enter correction below.						
Suite Ant # oto	New Principal Office Address, If Applicable 3.		New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State		Date Incorporated or Qualified To Do Business in Florida 01/21/2000		
		Suite, Apt. #,			5. FEI Numb	5. FEI Number 59-3623242	
		City & State					
			T 5		6.	co	Not Applicable
Zip	Country	Zip	Co	untry	CERTIFICA		75, Additional Fee required or a Certificate of Status
7. Names and Street	Addresses of Each Officer an	d/or Director (Flo	rida nonprofit corr	porations must list at	least 3 directors)		
Title(s)	Name of Officers		Street Address of Each Officer and/or Director		ach	01-10-17	
			211 N PINE AVE, UNIT #1			INVERNESS FL 34450	
D PERON	D PERONE, TRINA			211 N PINE AVE, UNIT #1		INVERNESS FL 34450	
	REM	STATE OF THE STATE		52		00086142 0201059025	:16 **750.88
8. Name and Address of Current Registered Agent				9. Name and Address of New Registered Agent			
PERONE, PETE	PΔ			Name	-		
211 N PINE AVE, UNIT #1				Street Address (P.O. Box Number is Not Acceptable)			
				- Suite, Apt. #, Etc.			
				~1~Suite, Apt. #,.E	ilc		
, *				City		State	Zip Code
26		C. Hillicians				FL tion 607.0505, F.S. or 617.0508	
TV. I, Deing appointed	Λ	\	, /sas////	a a a a a a a a a a a a a a a a a a a		22. 20. 1000, 7.0. 01 011 1000	.,