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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000025823

1. Corporation Name
SOUTH FLORIDA BREAD COMPANY

REINSTATEMENT 01-02

2. Principal Office Address	3. Mailing Office Address
888 BRICKELL AVENUE	888 BRICKELL AVENUE
Suite, Apt. #, etc. FIFTH FLOOR	Suite, Apt. #, etc. FIFTH FLOOR
City & State MIAMI, FLORIDA	City & State MIAMI, FLORIDA
Zip 33131 Country U.S.A.	Zip 33131 Country U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida MARCH 14, 2000

5. FEI Number 65-0999298 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] $8.75 Additional Fee required for a Certified Copy

7. Name and Address of Current Registered Agent

Name
JUAN VICENTE URDANET

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

Suite, Apt. #, Etc.
FIFTH FLOOR

City MIAMI State FL Zip Code 33131

8. I, having 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 JULY 26, 2002

CR2E031 (3/99)

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
D	RAFAEL LEONARDO ROSALES USCATEGUI	888 BRICKELL AVENUE FIFTH FLOOR	MIAMI, FLORIDA 33131

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 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: [signature] JULY 26, 2002 (305) 358-0024
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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Division of Corporations

Florida Department of State

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Katherine Harris, Secretary of State

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CORPORATION REINSTATEMENT

SOUTH FLORIDA BREAD COMPANY

Certificate of Status	1
Certified Copy	0
Page Count	01
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