

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 JUL 31 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P00000025823			
1. Corporation Name SOUTH FLORIDA BREAD COMPANY			
2. Principal Office Address 888 BRICKELL AVENUE		3. Mailing Office Address 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.

REINSTATEMENT 01-02

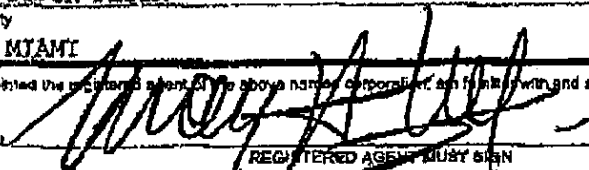
4. Date Incorporated or Qualified
To Do Business in Florida **MARCH 14, 2000**5. FBI Number
65-0999298Applied For
Not Applicable6. CERTIFICATE OF STATUS DESIRED ☒\$3.75 Additional Fee for
Initial Certificate of Status

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, being appointed the registered agent of the above named corporation, am fully qualified to and accept the obligations of section 607.0606 or 617.0503, F.S.

Signature of
Registered Agent 
 Date **JULY 26, 2002**
 REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 2 directors)

Titles	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 110.07(3)(b), 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

JULY 26, 2002

(305) 358-0028
Daytime Phone #

H02000174671

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Division of Corporations

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Florida Department of State

Division of Corporations
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Katherine Harris, Secretary of State

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Fax Number : (850) 205-0384

From: Account Name : FILINGS, INC.
Account Number : 072720000101
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Fax Number : (954) 641-4192

CORPORATION REINSTATEMENT

SOUTH FLORIDA BREAD COMPANY

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$908.75