

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1092

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 16 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000029593

1. Corporation Name

Best Baked, Inc.

2. Principal Office Address

231 S.W. 9 St

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Pompano Beach FL

City & State

Zip

33060

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

3/17/2000

5. FEI Number

65-0999159

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

Christopher J. Ronci

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

231 S.W. 9 St

Suite, Apt. #, Etc.

City

Pompano Beach

State
FL

Zip Code

33060

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

Christopher J. Ronci
REGISTERED AGENT MUST SIGN

Date 10/7/02

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
President	Christopher Ronci 231 S.W. 9 St. Pompano FL 33060		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/7/02

954 608 5548

CR2E081 (9/01)

20f2

Hello: I am writing to tell you that
I never received my reinstatement Fee Notice
if you check the records they told me that
it was sent back. please help me with
this matter

Sincerely

Christophe A Rame
Best Baked

FEI # 65-0999159