

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 FEB 19 PM 4:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000058477

1. Corporation Name

ACE BAKERY EQUIPMENT COMPANY

2. Principal Office Address

6350 N.E. 4TH AVE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33138

Country

3. Mailing Office Address

6350 N.E. 4TH AVE.

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33138

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/12/2000

5. FEI Number

65-1075957

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

ROBERT REBOZO

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

6350 N.E. 4TH AVE.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33138

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 2/14/2003.

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
D	ROBERT REBOZO	6350 N.E. 4TH AVE.	MIAMI, FL 33138.
		02-03 UBR	TO :

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/2003. 305-759-1410

Date

Daytime Phone #

CR2E081 (10/02)

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ACE BAKERY EQUIPMENT COMPANY

6350 N.E. 4th Avenue
Miami, FL 33138
305-759-1410
Fax: 305-759-7326

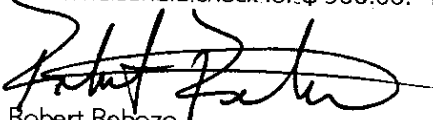
Robert Rebozo
Ace Bakery Equipment Company
6350 N.E. 4th Ave.
Miami, FL 33138

February 14, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Unified Business Report

During the year of 2002 we were in the process of moving to a new location. Some of our correspondence did not follow. As of yet, we have not received the UBR for 2002 or 2003. After researching the matter, I come to find out that the corporation has been "Admin. Dissolved for not filing the UBR. After speaking with a examiner, I was instructed to write this letter, fill-out a reinstatement form and send a check for \$ 300.00. Thank you in advance


Robert Rebozo

Enclosure
Corporation Reinstatement Form