

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

03 FEB 21 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400012971484

02/21/03--01106--011 **300.00

DOCUMENT # P00000070439

1. Corporation Name

Espiga Bakery, Inc.

1940 B

NW 21st Terrace Miami FL 33142

2. Principal Office Address

1940 B

3. Mailing Office Address

1940 B

Suite, Apt. #, etc.

NW 21st Terr.

Suite, Apt. #, etc.

NW 21st Terrace

City & State

Miami FL

City & State

Miami FL

Zip

33142

Country

Dade

Zip

33142

Country

Dade

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

65-1030458

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

DEL VALLE MONICA

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

1940 B

Suite, Apt. #, Etc.

NW 21st Terrace

City

Miami

State

FL

Zip Code

33142

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

REGISTERED AGENT MUST SIGN

Date

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
PSD	MONICA DEL VALLE	1940 B NW 21st Terr	Miami FL 33142

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

2/10/03

Daytime Phone #

CR2E081 (9/01)

2/2/04