

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P00000076609

1. Corporation Name

POSTRES BAKERY, CORP.

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

7100 WEST 3RD AVENUE
HIALEAH FL 33014

Mailing Address

7100 WEST 3RD AVENUE
HIALEAH FL 33014



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
2234 West 3rd Avenue

Suite, Apt. #, etc.

City & State
Hialeah, Florida

Zip
33012

Country
U.S.A.

3. New Mailing Office Address, If Applicable
2234 West 3rd Avenue

Suite, Apt. #, etc.

City & State
Hialeah, Florida

Zip
33012

Country
U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

08/11/2000

5. FEI Number

65-1030724

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	PARET, NURIA J	7100 WEST 3RD AVENUE	HIALEAH FL 33014
PD	MARTINEZ, ACELIA I.	136 West 7th Street	Hialeah Florida 33010
PD	YERO, GUIDO LUIS	81 West 23rd Street	Hialeah Florida 33010

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****758.75 ****758.75

8. Name and Address of Current Registered Agent

PARET, NURIA J
7100 WEST 3RD AVENUE
HIALEAH FL 33014

9. Name and Address of New Registered Agent

Name
ACELIA IRIS MARTINEZ
Street Address (P.O. Box Number is Not Acceptable)
136 West 7th Street
Suite, Apt. #, Etc.
City
Hialeah
State
FL
Zip Code
33010

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

ACELIA IRIS MARTINEZ

Date 11/07/2001

REGISTERED AGENT MUST SIGN

11. 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:

ACELIA I. MARTINEZ, VICE-PRE. 11/07/2001 (305)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #