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FILED
03 JAN 21 AM 8:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000084194

1. Corporation Name
LA WARD BAKERY INC.

2. Principal Office Address	3. Mailing Office Address
14764-66 SW 56TH STREET	14764-66 SW 56TH ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL.	City & State: MIAMI, FL.
Zip: 33185 Country: U.S.A.	Zip: 33185 Country: U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida: 09/06/00

5. FEI Number: 65-1037749 ☐ 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: MARICELA LOPEZ

Street Address (P.O. Box Number is Not Acceptable): 14764-66 SW 56TH STREET

Suite, Apt. #, Etc.:

City: MIAMI State: FL Zip Code: 33185

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: _____ Date: 01/21/03
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
PRES	MARICELA LOPEZ	13210 SW 60TH STREET	MIAMI, FL. 33175

REINSTATEMENT 02-03

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: _____ MARICELA LOPEZ -PRES. 01/21/03 (305) 383-8833
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Florida Department of State

Division of Corporations
Public Access System

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : ANA DALMAU ARES, P.A.
Account Number : I20000000268
Phone : (305)229-8256
Fax Number : (305)229-8252

CORPORATION REINSTATEMENT

LA WARD BAKERY INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$900.00