

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**-CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 MAY 25 AM 8:59

KS

DOCUMENT # P00000 1011 54

1. Corporation Name

Union Bakery, Inc.

2. Principal Office Address - No P.O. Box #

2111 N. Dixie Hwy

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Same

City & State

Lake Worth, FL

City & State

Same

Zip

33460

Country

U.S.A.

Zip

Same

Country

Same

4. Date Incorporated or Qualified  
To Do Business in Florida

10-27-00

5. FEI Number

65-1068534

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

Luis Noda

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

2111 N. Dixie Hwy

Suite, Apt. #, Etc.

City

Lake Worth

State

FL

Zip Code

33460

PROFIT CORPORATIONS ONLY

☒ The \$600.00 reinstatement fee is imposed,  
except in circumstances which the entity did  
not receive the prior notices. By checking  
this box, you are certifying the prior  
notices were not received and requesting  
the reinstatement fee be waived.

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
P	Luis Noda	1420 Bell Lane	WPB, FL 33406
VP	Marcelina G. Noda	1920 Bell Lane	WPB, FL 33406
S	Luis Noda Jr.	1420 Bell Lane	WPB, FL 33406

10. E-mail Address:

(To be used for future annual report notification)

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. I further certify, 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:

*Luis Noda*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/21/10 (561) 586-6962

Date

Daytime Phone #