

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000021412

1. Entity Name
BREAD ON THE RUN, INC.



Principal Place of Business
1441 N E 31ST CRT
POMPANO BEACH, FL 33064

Mailing Address
1441 N E 31ST CRT
POMPANO BEACH, FL 33064

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02202006 REIN-P CR2E098 (11/05)

4. FEI Number
65-1082918

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NYSTRAND, DOROTHY C
1441 N E 31ST CRT
POMPANO BEACH, FL 33064

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Dorothy C Nystrand

(NOTE: Registered Agent signature required when reinstating)

4/25/06

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Delete
NAME SHAPIRO, RICHARD
STREET ADDRESS 4119 N.W. 22ND STREET
CITY-ST-ZIP COCONUT CREEK, FL 33066

TITLE ☐ Change ☐ Addition
NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MUCHNICK, MARC
STREET ADDRESS 22316 CALIBRE CRT APT 1005
CITY-ST-ZIP BOCA RATON, FL 33433

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

M. Muchnick

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/06

Date

Daytime Phone #

FILED

06 APR 20 PM 1:35



4/21/06
REINSTATEMENT 05-06

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05/02/06--01035--014 **300.00