

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 DEC -6 PM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000032295

1. Corporation Name

Joans Ann Bakery, Inc.

2. Principal Office Address

2705 54th Avenue North

3. Mailing Office Address

2705 54th Avenue North

Suite, Apt. #, etc.

#14

Suite, Apt. #, etc.

#14

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL

Zip

33714

Country

USA

Zip

33714

Country

USA

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

March 29, 2001

5. FEI Number

59-3713250

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

Kin Foon Wong

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

2705 54th Avenue North

Suite, Apt. #, Etc.

#14

City

St. Petersburg

State
FL

Zip Code

33714

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

Kin Foon Wong

Date *Dec. 5, 2005*

REGISTERED AGENT MUST SIGN

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
PD	Kin Foon Wong	2705 54th Avenue North #14	St. Petersburg, FL 33714
VD	Cindy Wong	2705 54th Avenue North #14	St. Petersburg, FL 33714

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:

Kin Foon Wong

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dec. 5, 2005

Date

727/525-0637

Daytime Phone #

M. Williams DEC 6 2005

AFFIDAVIT OF KIN FOON WONG RE:
REINSTATEMENT OF JOANS ANN BAKERY, INC.


STATE OF FLORIDA)
COUNTY OF PINELLAS)

On this day personally appeared before me, the undersigned authority, duly authorized to administer oaths and take acknowledgments, KIN FOON WONG, (the "Affiant"), who being by me first duly sworn, on oath deposes and says:

1. That I am the Incorporator, President and Director of Joans Ann Bakery, Inc.
2. Joans Ann Bankery, Inc. was administratively dissolved by the Secretary of State in October, 2002, for non-filing of the annual report.
3. The Articles of Incorporation have mistakenly designated the business and mailing address of the corporation as 2705 54th Street North, #14, St. Petersburg, Florida 33714; actually the correct principal place of business address and mailing address of the corporation, at all times material, is and has been 2705 54th Avenue North, #14, St. Petersburg, FL 33714.
4. Concurrent herewith, we are filing an Amendment to the Articles of Incorporation to correct this mistaken address designation.
5. We never received the Annual Report, and therefore, are asking that the reinstatement fee be waived.

FURTHER, THE AFFIANT SAYETH NOT.

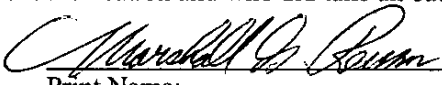
Executed this 5th day of December, 2005.


KIN FOON WONG, Affiant

The foregoing instrument was subscribed, acknowledged, sworn to and affirmed before me this 5th day of December, 2005 by KIN FOON WONG, who is personally known to me or who produced FL D/L as identification and who did take an oath.

W520-506-66-246-0

My Commission Expires
(Seal)


Print Name: _____
Notary Public, State of Florida



MARSHALL G. REISSMAN
MY COMMISSION # DD 432031
EXPIRES: May 22, 2009
Bonded Thru Budget Notary Services