

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000047084

1. Entity Name  
THE BIG BREAD NET INC.



FILED

06 FEB -7 PM 12:48

SECRET  
TALLAHASSEE, FL 32307

Principal Place of Business  
CORAL RIDGE MALL  
3200 N FEDERAL HWY SHOP 411 B  
FORT LAUDERDALE, FL 33308

Mailing Address  
CORAL RIDGE MALL  
3200 N FEDERAL HWY SHOP 411 B  
FORT LAUDERDALE, FL 33308

2. Principal Place of Business  
3205 Port Royale Drive  
Suite, Apt. #, etc.  
Apt B  
City & State  
Ft. Lauderdale, FL  
Zip  
33308

3. Mailing Address  
3205 Port Royale Drive  
Suite, Apt. #, etc.  
Apt B  
City & State  
Ft. Lauderdale, FL  
Zip  
33308



REINSTATEMENT 05-06  
02022006 REIN-PU CR2E098(11/05)

4. FEI Number  
65-1114190

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
POIRIER, MARCELLE B ESQ.  
2701 SOUTH BAYSHORE DRIVE  
SUITE 402  
MIAMI, FL 33133

7. Name and Address of New Registered Agent  
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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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	AUDEUD, MAURICE L	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS		3200 N FED HWY SHOP 41 B		STREET ADDRESS		3205 Port Royale Drive. S. Apt B	
CITY - ST - ZIP		FORT LAUDERDALE, FL 33308		CITY - ST - ZIP		Fort Lauderdale, FL. 33308	
TITLE	D	AUDEUD, LUC RAYMOND	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS		1736 N.E. 28TH DRIVE		STREET ADDRESS		3205 Port Royale Drive. S. Apt B	
CITY - ST - ZIP		WILTON MANORS, FL 33334		CITY - ST - ZIP		Fort Lauderdale, FL. 33308	
TITLE			<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE			<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE			<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			

600067013406  
03/03/06--01022--026 \*\*300.00

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. Audéoud*  
M. AUDEUD

02.02.06

9547710231

Date Daytime Phone #