

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUN 14 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000048808

1. Corporation Name

New Harvest Bakery, Inc.

800038020328

06/16/04--01057--001 **212.50

REINSTATEMENT 03-04

2. Principal Office Address

6828 Aloma Ave

3. Mailing Office Address

6828 Aloma Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Winter Park FL 32792

City & State

Winter Park FL 32792

Zip

Country

Zip

Country

32792 Orange

32792 Orange

4. Date Incorporated or Qualified
To Do Business in Florida

6/1/95

5. FEI Number

59 3358 977

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

05-28-04 60019 003 \$84.50

7. Name and Address of Current Registered Agent

Name

Barbara King

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

910 Hedgewood Ct

Suite, Apt. #, Etc.

City

Winter Park

State
FL

Zip Code

32792

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

Barbara King

Date

6-3-04

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
P+S	<u>Barbara King</u>	<u>910 Hedgewood Ct</u>	<u>Winter Park FL 32792</u>
V+T	<u>Richard A. Cole</u>	<u>SAME</u>	

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:

Barbara King
Barbara King

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6-3-04

Daytime Phone #

407-671-2112

CR2081 (01/04)