

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

2004



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUL -7 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000109661

1. Corporation Name

AMERICA'S DESSERT FACTORY CORPORATION

2. Principal Office Address

13920 SW 139 COURT

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

Zip

33186

Country

DADE

3. Mailing Office Address

2350 SW 97 AVE

Suite, Apt. #, etc.

125

City & State

MIAMI FLORIDA

Zip

33165

Country

DADE

4. Date Incorporated or Qualified

--To Do Business in Florida--

5. FEI Number

65-1151176

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

CARLOS ACOSTA

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

2350 SW 97 AVE

Suite, Apt. #, Etc.

125

City

MIAMI

State

FL

Zip Code

33165

200039343852
07/20/04--01053--002 **150.00

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 07/02/2004

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 |
|--------|--------------------------------------|---|--------------------|
| SD | CARLOS ACOSTA | 2350 SW 97 AVE | MIAMI, FL 33165 |
| PD | MANUEL G. GONZALES | 13920 SW 139 COURT | MIAMI, FL 33165 |
| D | RITA WOLFF | 12956 NW 9 STREET | MIAMI, FL 33182 |
| | | | |
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/02/2004 (305) 554-5928

Date

Daytime Phone #

CR2E081 (10/02)

**DIVISION OF CORPORATIONS
ANNUAL REPORT OR REINSTATEMENT
America's Dessert Factory Corporation
DOCUMENT # P01000109661**


July 02, 2004

To Whom It May Concern:

I am writing this letter because I never received a post card for the annual report application, my accountant advice me that my corporation is inactive. For that reason I did not send the application form for the year 2004.

If you have any question do not hesitate to contact me at (305) 554-5928

Sincerely,



Carlos Acosta
Sec/ Director