

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

03 NOV 13 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **PO1000111968**

1. Corporation Name

MONO'S BAKERY, INC.

2. Principal Office Address

7443 SO. MILITARY TR.

Suite, Apt. #, etc.

3. Mailing Office Address

7443 SO. MILITARY TR.

Suite, Apt. #, etc.

City & State

LAKE WORTH, FL. 33463

Zip

33463

Country

U.S.A.

City & State

LAKE WORTH, FL. 33463

Zip

33463

Country

U.S.A.

REINSTATEMENT 03

900024641899
11/13/03--01054--018 **758.75

4. Date Incorporated or Qualified
To Do Business in Florida

11/26/2001

5. FEI Number

65-1154622

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

GLORIA GRANADA

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

7443 SO. MILITARY TRAIL

Suite, Apt. #, Etc.

City

LAKE WORTH

State

FL

Zip Code

33463

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 **Gloria Granada**

Date **11/04/2003**

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	GLORIA GRANADA	13826 FOLSTON CIRCLE WELLINGTON, FL. 33414	WELLINGTON, FL. 33414

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:

Gloria Granada

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/04/2003

Date

(561) 434-1194

Daytime Phone #

CR2E081 (10/02)