

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVE
AND
FILED

06 JUL 13 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P02000078545**

1. Corporation Name

Semog Cakes By Silvia, Inc.

2. Principal Office Address

390 NE 128th Street

Suite, Apt. #, etc.

City & State

North Miami, FL

Zip

33161

Country

US

3. Mailing Office Address

390 NE 128th Street

Suite, Apt. #, etc.

City & State

North Miami, FL

Zip

33161

Country

US

REINSTATEMENT

CR2E081 (12/05)

04-06

4. Date Incorporated or Qualified
To Do Business in Florida

07/18/02

5. FEI Number

51-0415460

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

Silvia O Gaspari

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

390 NE 128th Street

Suite, Apt. #, Etc.

City

North Miami

State

FL

Zip Code

33161

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

[Signature]

REGISTERED AGENT MUST SIGN

Date ***03-13-06**

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	Silvia O. Gaspari	390 NE 128 th St.	North Miami, FL 33161
D	Oscar A. Gaspari	390 NE 128 th St.	North Miami, FL 33161

07/20/06--01004--004 **450.00

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 contained in Chapter 119, 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

***03-13-06**

Daytime Phone #

7/19a)