PLEASE READ-ALL: INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS				FILED 04 NOV -2 PM 1:50 SECRETARY OF STATE TALLAHASSIE, FLORIDA					
DOCUMENT # PO2000 84500 1. Corporation Name				TALL	AHASSE	E. FLOR	IUA		
PASCAL'S BAKERY INC.									
2. Principal Office Address 1880 S- Treasure Dr.	 	Treasure Dr.	REINSTATEMENT AY						
Suite, Apt. #, etc. #3-J	#3-J #3-J		4. Date Incorporated or Qualified 8/5/2002						
		Day Village 16		5. FEI Number Applied For Not Applied For Not Applied For					
33 141 Country USA	^{2ip} 33/4/	Country	G. CERTIFICATE	OF STATUS DESIRE	S8.75 for a	Additional Fed Certificate of	required		
7. Name and Address of Current Registered Agent									
Name Diogenes Ruiz DIAZ									
Street Address (P.O. Box Number is Not Acceptable) 1680 (P. Acceptable) 1780 (P. Acceptable)									
Suite, Apt. #, Etc.									
City North Boy Village State Zip Code FL 33141									
8. I, being appointed the redistant 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									
9. Names and Street Addresses of Each Officer and	d/or Director (Florida nonpro	ofit corporations must list at lea	ast 3 directors)				_		
Titles Name of Officers and/or Directors	Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip			
PSD Diogenes Ruiz D	iaz 1880	S. Treasure Dr	. #3-J	North Bay	Village	FL 33.	141		
									
				. <u> </u>					
			11/02	20042 /040102	395 4 7011	€1 **158.	75		
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 filling 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 nimes 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 mystinature shall have the same legal effect as if made under oath. SIGNATURE: SIGNATURE AND TYPEOORERINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #									

PASCAL'S BAKERY, INC.

1880 S TREASURE DRIVE # 3-J NORTH BAY VILLAGE, FLORIDA 33141

October 29, 2004

Florida Department of State Division of Corporations 409 East Gaines Street Tallahassee, Fl. 32399—

Attn: Reinstatement Section

Re: Document # P02000084500

Dear Sir or Madam:

In reference to a telephone conversation with one of your representatives, we are enclosing our application for reinstatement along with the necessary filing fees for a profit corporation. As we stated in the phone conversation, we moved our offices and thus never received our UBR reports. We ask that you please pardon the late fee since this problem was due to circumstances beyond our control. If there is any problem processing this report please contact us immediately.

Sincerely,

Diogenes Ruiz Diaz

President

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