

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P02000099069

1. Corporation Name

HOT BREAD BAKERY, INC.

Principal Place of Business

3083 NW 64TH AVENUE
SUNRISE FL 33313

Mailing Address

3083 NW 64TH AVENUE
SUNRISE FL 33313

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/12/2002

5. FEI Number

30-0122344

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	WILLIAMS, GREGORY H	3083 NW 64TH AVENUE	SUNRISE FL 33313

300025129673
12/01/03--01083--017 **150.00

8. Name and Address of Current Registered Agent

WILLIAMS, GREGORY H
3083 NW 64TH AVENUE
SUNRISE FL 33313

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

10/12/03

11. 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/12/03 (954) 588-2266

CR2040 (7/03)

FILED
03 DEC -1 AM 8:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 03

HOT Bread Bakery
3083 NW 64 Ave
Sunrise FL 33313

Florida Dept of State
Glenn E Hood
Secretary of State

Dear Madam,

good day to you, and
best wishes for the holiday I regret
the inconvenience that I may have
caused due to the delay I suffered
tremendously by the city that I am
located, for over a year, I am just
given the clearance to finally open
business, pardon the delay that I may
have caused unintentionally to you and
your staff and would greatly
appreciate the reinstatement of my
cooperation, I enclose the sum of \$150
by money order

Thanks for your
patience

Yours Sincerely
Gregory Williams