

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

05 MAR 18 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000133014

1. Corporation Name

BAKERS CORPORATION OF WEST PALM BEACH

2. Principal Office Address

704 BELVEDERE RD.

Suite, Apt. #, etc.

City & State

W. PALM BEACH, FL.

Zip

33405

Country

U.S.A.

3. Mailing Office Address

704 BELVEDERE RD.

Suite, Apt. #, etc.

City & State

W. PALM BEACH, FL.

Zip

33405

Country

U.S.A.

REINSTATEMENT 04-05

04/07/04 90336 036 \$150.00

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

25-1910916

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

STELLA ALLIONE

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

704 BELVEDERE RD.

Suite, Apt. #, Etc.

City

W. PALM BEACH

State

FL

Zip Code

33405

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

Stella Allione

REGISTERED AGENT MUST SIGN

Date

02/07/05

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	STELLA ALLIONE	704 BELVEDERE RD.	W. PALM BEACH, FL 33405

600050217246
04/08/05--01005--004 **750.00

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 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:

Stella Allione

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/07/05

Date

(561) 832-1501

Daytime Phone #

CR250A1 (2/01)