

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000002315

Entity Name: FARHATS PITA BAKERY, INC.

FILED
Oct 19, 2004
Secretary of State

Current Principal Place of Business:

10371-7 OLD ST. AUGUSTINE ROAD
JACKSONVILLE, FL 32257

New Principal Place of Business:

10371-7 OLD ST. AUGUSTINE ROAD
7
JACKSONVILLE, FL 32257

Current Mailing Address:

11677 FALLING LEAF TRAIL
JACKSONVILLE,, FL 32258

New Mailing Address:

FEI Number: 56-2311252

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIAL, RICHARD A JR.
4251 UNIV. BLVD., S.
SUITE 403
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P,D () Delete
Name: FARHAT, JAMIL I
Address: 11677 FALLING LEAF TRAIL
City-St-Zip: JACKSONVILLE, FL 32258

Title: VP,D () Delete
Name: FARHAT, ISAM J
Address: 11677 FALLING LEAF TRAIL
City-St-Zip: JACKSONVILLE, FL 32258

Title: VP,D () Delete
Name: FARHAT, JEANETTE R
Address: 11677 FALLING LEAF TRAIL
City-St-Zip: JACKSONVILLE, FL 32258

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMIL FARHAT

P.D

10/19/2004

Electronic Signature of Signing Officer or Director

Date