FILED
05 FEB -9 AM 8:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000005573

1. Corporation Name
BROOKLYN PASTRY INC.

REINSTATEMENT 04-05

2. Principal Office Address		3. Mailing Office Address	
319 Clematis Street		319 Clematis Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 211		Suite 211	
City & State		City & State	
West Palm Beach, FL		West Palm Beach, FL	
Zip	Country	Zip	Country
33401	USA	33401	USA

4. Date Incorporated or Qualified To Do Business In Florida: 01/15/2003

5. FEI Number: ☐ 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: Joseph I. Emas

Street Address (P.O. Box Number is Not Acceptable): 1224 Washington Avenue

600047551166
03/02/05--01007--023 **600.00

Suite, Apt. #, Etc.:

City: Miami Beach | State: FL | Zip Code: 33139

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: _____ (REGISTERED AGENT MUST SIGN) Date: 02/07/2005

CR2E061 (8/05)

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
CEO	Frank Speight	319 Clematis Street, Suite 211	West Palm Beach, FL 33401
S	Tim Ellis	319 Clematis Street, Suite 211	West Palm Beach, FL 33401
D	Morgan J. Wilbur IV	319 Clematis Street, Suite 211	West Palm Beach, FL 33401

600047551166
03/02/05--01007--02 **300.00

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: _____ Morgan J Wilbur IV 02/07/2005 305-531-1174
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #