

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 NOV -9 PM 4:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000024311

1. Corporation Name

D'MATO & SON'S BAKERY, CORP.

2. Principal Office Address

2405 LEAF SHINE LN

3. Mailing Office Address

2405 LEAF SHINE LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES, FL

City & State

NAPLES, FL

Zip

34119

Country

Collier

Zip

34119

Country

Collier

REINSTATEMENT

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

02-28-2003

5. FEI Number

57-1154794

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

CANDIDO MATO

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

2405 LEAF SHINE LN

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34119

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

*[Signature]*

Date 11/06/2006

REGISTERED AGENT MUST SIGN

**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/S/H/O	MATO, CANDIDO	2405 LEAF SHINE LN	NAPLES, FL 34119
D	MATO, SANTIAGO	2405 LEAF SHINE LN	NAPLES, FL 34119

300081655513  
11/08/06--01029--010 \*\*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 contained in Chapter 119, 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

11/6/06

Daytime Phone #

K. Eckel NOV 14 2006

2/2

Dmato & Sons Bakery Corp.  
2405 Leaf Shine Lane  
Naples, FL 34119

November 6<sup>th</sup>, 2006

Department of State  
Division of Corp.  
PO Box 6327  
Tallahassee, FL 32314

RE: Annual Report late filing

Dear Div of Corps:

We have filed this report late due not ever receiving the notices from your department. Further, our Attorney never forwarded the notices to us.

We ask you to reinstate our corporation and waive the fee due to the circumstances. We are enclosing a check for \$300 to cover the fees for 2005 & 2006.

Sincerely,



Candido Mato  
President