

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000055320

1. Entity Name  
COLOMBIA BAKERY, INC.



FILED

04 DEC 13 PM 3:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
2263 HILLSHIRE DR  
ORLANDO, FL 32828

Mailing Address  
2263 HILLSHIRE DR  
ORLANDO, FL 32828

2. Principal Place of Business  
10438 EAST COLONIAL DR  
Suite, Apt. #, etc.  
ORLANDO, FL  
City & State

3. Mailing Address  
10438 EAST COLONIAL DR  
Suite, Apt. #, etc.  
ORLANDO, FL  
City & State



12092004 REIN-P CR2E098 (6/04)

4. FEI Number ☒ Applied For  
Not Applicable

Zip Country Zip Country  
32817 ORANGE 32817 ORANGE

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORONADO, JAIRO A  
2263 HILLSHIRE DR  
ORLANDO, FL 32828

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *X Jairo Coronado*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After January 1, 2005, Fee will be \$300.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CORONADO, JAIRO A 2263 HILLSHIRE DR ORLANDO, FL 32828	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ROLON, MARTHA 14746 YORKSHIRE RUN DR ORLANDO, FL 32828	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *X Jairo Coronado*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/9/04

Date

Daytime Phone #