

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

07 JUN -5 AM 8:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P03000061202

**1. Corporation Name** PALERMO BAKERY, INC.

600104228186  
06/11/07--01054--025 \*\*300.00

<b>2. Principal Office Address - No P.O. Box #</b> 1402 W. Boynton Beach Blvd Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> 1402 W. Boynton Beach Blvd Suite, Apt. #, etc.	
City & State Boynton Beach, FL		City & State Boynton Beach, FL	
Zip 33426	Country USA	Zip 33426	Country USA

**REINSTATEMENT**

<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 06/03/2003	
<b>5. FEI Number</b> 80-0070061	<b>Applied For</b> Not Applicable
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

<b>7. Name and Address of Current Registered Agent</b>			
Name Dominick Orlando, Custodian			
Street Address (P.O. Box Number is Not Acceptable) 1402 W. Boynton Beach Blvd			
Suite, Apt. #, Etc.			
City Boynton Beach	State FL	Zip Code 33426	

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

**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

Date 05/08/07

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
VPD	Joseph Cirrito	5463 Alta Way	Lake Worth, FL 33467
PTD	Dominick Orlando	10387 Oak Meadow Lane	Lake Worth, FL 33467

**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:** , President

05/08/07

(561)394-7944

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Dominick Orlando

Date Daytime Phone #

6. Mitchell JUN 5 2007