
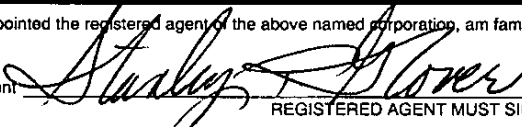
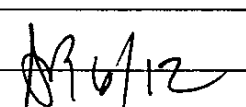
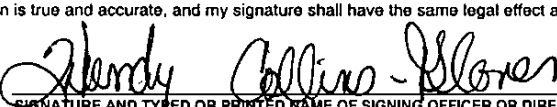


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 06 JUN -7 PM 3:16 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P03000098091				
1. Corporation Name My Mom's Cinnamon Rolls, Inc.				
2. Principal Office Address 403 N. Stella		3. Mailing Office Address 403 N. Stella		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State Lakeland		City & State Lakeland		
Zip FL	Country Polk	Zip 33801	Country USA	
		4. Date Incorporated or Qualified To Do Business in Florida 9/8/03		
		5. FEI Number 42-1604721	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		
7. Name and Address of Current Registered Agent				
Name Stanley T. Glover				
Street Address (P.O. Box Number is Not Acceptable) 403 N. Stella				
Suite, Apt. #, Etc.				
City Lakeland		State FL	Zip Code 33801	
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 5/26/06		
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	Stanley T. Glover	403 N. Stella	Lakeland, FL 33801	
VP	Wendy C. Glover	403 N. Stella	Lakeland, FL 33801	
TREA	Harold L. Silas	403 N. Stella	Lakeland, FL 33801	
SECR	Verdell M. Silas	403 N. Stella	Lakeland, FL 33801	
				
		800076205708 06/14/06--01043--001 **450.00		
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: 		Date 5/26/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #		

May 19, 2006

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Re: My Mom's Cinnamon Rolls, Inc.
Document #: P03000098091

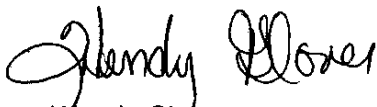
Gentlemen:

Attached please find my request for reinstatement as a Florida Corporation along with my check in the amount of \$450 which represents my filing fees for 2004, 2005 and 2006. I was advised that because I was never notified by the Department of Corporations of the renewal requirement, the annual penalty of \$400 for late filing will be waived. Please note that no such renewal notice was ever received.

I have signed the application where indicated and included my document number of my check. Should you need any further information or anything further is required to reinstate my corporation, please contact me at your earliest convenience.

Sincerely,

MY MOM'S CINNAMOM ROLLS, INC.

A handwritten signature in black ink, appearing to read "Wendy Glover", written in a cursive style.

Wendy Glover
Vice President

Enclosures