

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED  
05 SEP 19 PM 2:06  
TALLAHASSEE, FLORIDA

REINSTATEMENT 04-05



**DOCUMENT # P03000105682**  
1. Entity Name  
**PARTY CAKE BAKERY I INC.**



Principal Place of Business  
**10000 SW 56TH STREET SUITES 17 & 18  
MIAMI, FL 33173**

Mailing Address  
**10000 SW 56TH STREET SUITES 17 & 18  
MIAMI, FL 33173**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02112005 REIN-P CR2E098 (6/04)

4. FEI Number  
**65-0395608**

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

Applied For  
☐ Not Applicable

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>MONTANO, JUAN 10000 SW 56TH STREET SUITES 17 &amp; 18 MIAMI, FL 33173</b>		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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$300.00</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT MONTANO, JUAN 10000 SW 56TH STREET SUITES 17 & 18 MIAMI, FL 33173 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MONTANO, OLGA 10000 SW 56TH STREET SUITES 17 & 18 MIAMI, FL 33173 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Juan Montano PRES. 4/27/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

JUAN MONTANO