

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 MAY 28 PM 3: 23

DOCUMENT # P03000105682

1. Corporation Name

PARTY CAKE BAKERY I INC.

800156509408
05/28/09--01017--002 **450.00

REINSTATEMENT 07-09KS
CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #

10000 SW 56TH STREET

3. Mailing Office Address

10000 SW 56TH STREET

Suite, Apt. #, etc.

SUITES 17 & 18

Suite, Apt. #, etc.

SUITES 17 & 18

City & State

MIAMI, FL.

City & State

MIAMI, FL.

Zip

33173

Country

U.S.A.

Zip

33173

Country

U.S.A.

**4. Date Incorporated or Qualified
To Do Business in Florida**

9/25/2003

5. FEI Number

05-0395608

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

JUAN MONTANO

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

10000 SW 56TH STREET

Suite, Apt. #, Etc

SUITES 17 & 18

City

MIAMI

State

FL

Zip Code

33173

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date

5/20/09

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/T	JUAN MONTANO	10000 SW 56TH ST. #17418	MIAMI, FL. 33173
S	OLGA MONTANO	10000 SW 56TH ST. #17418	MIAMI, FL. 33173

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

OLGA MONTANO

Date

5/20/09 305-467-9413

Daytime Phone #