

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAY -2 PM 1:44

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # P03000140927

1. Corporation Name

ROMARIO'S BAKERY INC.

2. Principal Office Address

2229 SANTA LUCIA ST.
KISSIMMEE FL 34743

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Office Address

2229 SANTA LUCIA ST.
KISSIMMEE FL 34743

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 0405

05/04/04 90157 004 \$150.00

4. Date Incorporated or Qualified
To Do Business in Florida

11/19/03

5. FEI Number

51-0490101

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

RAMIRO H. ESCOBAR

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

2229 SANTA LUCIA ST. KISSIMMEE FL 34743

Suite, Apt. #, Etc.

City

State

FL

Zip Code

800055202858
05/24/05--0107--010 **750.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of a registered agent under the laws of the State of Florida.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

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
PD	ESCOBAR, RAMIRO H	2229 SANTA LUCIA ST	KISSIMMEE FL 34743
STD	ESCOBAR, MARTHA J	2229 SANTA LUCIA ST	KISSIMMEE FL 34743

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 under section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/26/2005

Daytime Phone #