

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

37 JUN 14 AM 11:00

**CORPORATION
 REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P04000019689
 1. Corporation Name

Key Biscuit, Inc

2. Principal Office Address - No P.O. Box #
211 To To Lo chee Dr.
 Suite, Apt. #, etc.

3. Mailing Office Address
same
 Suite, Apt. #, etc.

City & State
Hialeah, FL
 Zip Country
33010 Dade

City & State
 Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 1/28/2004

5. FEI Number 26-0333725 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT

06-07

CR2E081 (1/07)

7. Name and Address of Current Registered Agent

Name
Raul Cea

Street Address (P.O. Box Number is Not Acceptable)
211 To To Lo chee Dr.

Suite, Apt. #, Etc.

City State Zip Code
Hialeah, FL 33010

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] Date _____
 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
Pd.	Raul Cea	211 To To Lo chee Dr.	Hialeah, FL 33010

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 Date _____ Daytime Phone # _____