2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000058935

Entity Name: MARLIN'S BAKERY OF CALIXTRO, INC.

FILED Mar 19, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

12857 NW 88 ST MIAMI, FL 33186

Current Mailing Address: New Mailing Address:

12857 NW 88 ST MIAMI, FL 33186

FEI Number: 83-0393007 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CALIXTRO, HAROL CALIXTRO, KAREL 12857 NW 88 ST 12857 NW 88 ST MIAMI, FL 33186 US MIAMI, FL 33186 US

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.

SIGNATURE: KAREL CALIXTRO 03/19/2008

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT () Delete Title: PT (X) Change () Addition

 Name:
 CALIZTRO, HAROL
 Name:
 CALIZTRO, KAREL

 Address:
 12857 SW 88 ST
 Address:
 12857 SW 88 ST

 City-St-Zip:
 MIAMI, FL 33186
 City-St-Zip:
 MIAMI, FL 33186

Title: VS (X) Delete Title: () Change () Addition

 Name:
 CALIZTRO, KAREL
 Name:

 Address:
 12857 SW 88 ST
 Address:

 City-St-Zip:
 MIAMI, FL 33186
 City-St-Zip:

Title: D (X) Delete Title: () Change () Addition

 Name:
 MIR GARCIA, ANGELA E
 Name:

 Address:
 12857 SW 88 ST
 Address:

 City-St-Zip:
 MIAMI, FL 33186
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREL CALIXTRO P 03/19/2008