

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000062384

1. Entity Name
CHRISTOPHER'S BAKERY, INC.



Principal Place of Business
7740 NE 2ND AVE
MIAMI, FL 33138

Mailing Address
7740 NE 2ND AVE
MIAMI, FL 33138

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT 11/22/08 (1/07) 08

4. FEI Number
42-2047012

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AUGUSTIN, WADLINE
7740 NE 2ND AVE
MIAMI, FL 33138

Name Beauchamp, Wadline

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

7740 NE 2 Ave

City Miami

FL

Zip Code 33138

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 Wadline Beauchamp

Signature, typed or printed name of registered agent and site if applicable.

(NOTE: Registered Agent signature required when reinstating)

11-22-08

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2009, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME AUGUSTIN, WADLINE ☐ Delete
STREET ADDRESS 4701 NW 4TH COURT
CITY-ST-ZIP PLANTATION, FL 33317

TITLE PD ☒ Change ☐ Addition
NAME Beauchamp Wadline
STREET ADDRESS 7740 NE 2 Ave
CITY-ST-ZIP Miami, FL 33138

TITLE VD ☐ Delete
NAME BEAUCHAMP, FRITZ
STREET ADDRESS 624 NEW LAKE DRIVE #5
CITY-ST-ZIP BOYNTON BEACH, FL 334265490

TITLE VP ☒ Change ☐ Addition
NAME Beauchamp, Fritz
STREET ADDRESS 7740 NE 2 Ave
CITY-ST-ZIP Miami, FL 33138

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 800138325658
STREET ADDRESS 12/01/08--01040--004
CITY-ST-ZIP **150.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-22-08 786-312-5675