1 of 2

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000117193

1. Entity Name
A & N FERNANDEZ BAKERY, INC.

07 MAR 26 AM 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
3320 WEST COLUMBUS DRIVE TAMPA, FL 33607 US	17102 WHIRLEY ROAD LUTZ, FL 33558 US

REINSTATEMENT 06-07

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

4. FEI Number 76-0764642 ☐ 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
FERNANDEZ, NOEL 17102 WHIRLEY ROAD LUTZ, FL 33558	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P FERNANDEZ, NOEL 17102 WHIRLEY ROAD LUTZ, FL 33558	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 800095989979 04/06/07--01039--021 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP FERNANDEZ, AMANDA 17102 WHIRLEY ROAD LUTZ, FL 33558	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 800095989979 04/06/07--01039--022 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S FERNANDEZ, MIGDREI 17102 WHIRLEY RD LUTZ, FL 33558	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GONZALEZ, CARLOS 17102 WHIRLEY RD LUTZ, FL 33558	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: NOEL FERNANDEZ 02-28-07 813-8700712
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT Date Daytime Phone #

2052

2-26-07
Florida Department
of State

To whom it may concern:

We are enclosing our check in the amount of $150.00 for the annual report due on May 1, 2006
We did not received any information related to this payment; and that was the reason that is late.

Manuel Fernandez, President