

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # P04000143588**

1. Entity Name  
**THE KRUNCHY KRUST PASTRIES INC**



**FILED**

06 NOV -9 PM 4:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10162006 REIN-P CR2E098 (11/05)

Principal Place of Business  
**THE KRUNCHY KRUST PASTRIES  
5275 BABCOCK STREET UNIT # 4  
PALM BAY, FL 32909**

Mailing Address  
**THE KRUNCHY KRUST PASTRIES  
P.O. BOX 11207  
PALM BAY, FL 32911**

2. Principal Place of Business  
**5275 Babcock St**

3. Mailing Address  
**PO BOX 11207**

Suite, Apt. #, etc.  
**Unit 4**

Suite, Apt. #, etc.

City & State  
**Palm BAY FL**

City & State  
**Palm BAY FL**

Zip  
**32905**

Country  
**USA**

Zip  
**32905**

Country  
**USA**

4. FEI Number  
**55-0885782**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**PHIL'S ACCOUNTING & BUSINESS SERVICES, INC  
6289 WEST SUNRISE BLVD.  
SUITE 250  
SUNRISE, FL 33313**

7. Name and Address of New Registered Agent  
Name  
**Andrea Rhule**  
Street Address (P.O. Box Number is Not Applicable)  
**784 Murch St**  
City  
**Palm BAY** FL Zip Code  
**32907**

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 DATE **10/16/06**

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2007, 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 <b>P</b>	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>RHULE, ANDREA</b>		NAME <b>600081024306</b>	
STREET ADDRESS <b>5275 BABCOCK STREET UNIT # 4</b>		STREET ADDRESS <b>10/19/06--01033--012 **150.00</b>	
CITY-ST-ZIP <b>PALM BAY, FL 32909</b>		CITY-ST-ZIP	
TITLE <b>V</b>	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>RHULE, CLEODINE E</b>		NAME	
STREET ADDRESS <b>5275 BABCOCK STREET UNIT # 4</b>		STREET ADDRESS	
CITY-ST-ZIP <b>PALM BAY, FL 32909</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: DATE **11/6/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

jc 11/09