

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 SEP 30 AM 9:33

DOCUMENT # P04000169849

1. Corporation Name

THE BAKERY CAFE, INC.

2. Principal Office Address

12875 NE 14<sup>th</sup> Ave

Suite, Apt. #, etc.

City & State

North Miami, FL

Zip

33161

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 05

CR2E081 (8/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

12/20/04

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Michael Nicol

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

12875 NE 14<sup>th</sup> Ave

Suite, Apt. #, Etc.

City

North Miami

State

FL

Zip Code

33161

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]  
REGISTERED AGENT MUST SIGN

Date

9/27/05

**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
P	Vaneus Desvarenes	12875 NE 14 <sup>th</sup> Ave	North Miami, FL 33161
VP	Lony Desvarenes	12875 NE 14 <sup>th</sup> Ave	North Miami, FL 33161

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 under section 119.07(3)(i), 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:

V. Desvarenes, Vaneus Desvarenes 9/27/05 (805) 895-9600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

20/2

ATTN: *Florida Dept of State*

RE: The Bakery Café, Inc.  
12875 NE 14<sup>th</sup> Avenue  
North Miami, FL 33161

Document #: P04000169849

Dear Sir/Madam;

I did not receive a notice to file annual report because I moved to a different location. I called your office who instructed to file a corporation reinstatement along with the \$150.00 filing fee with the new address.

Thank you  
Rony Desvarennnes