2007 FOR PROFIT CORPORATION REINSTATEMENT

	KEIN	SIAIEMENI		_
DOCUMENT # P05000012761				FILED
Entity Name TRUST BAKERY VARIETIES, INC				
THOST BAKERT VARIETIES, ING				07 NOV -6 PM 4:08
Principal Place of Business Mailing Address				SECRETARI LE STATE TALLAHASSEE, FLORIDA
1550 N. FEDERAL HWY		1550 N. FEDERAL HW	Υ	TALLAHASSEE, FLORIDA
STE 18 Boynton Beach, FL 33435 US		STE 18 Boynton Beach, Fl	33435 US	γο ·
1550 N	B Federal Hu	UY V		
BoyNton Bch FL. City & State		Suite, Apt. #, etc.		miscons Spenis I Engraves 110007
3343		City & State		4. FEI Number Applied For 33-1110456 Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of C	Current Registered Agent	None	7. Name and Address of New Registered Agent
JOSEPH, 6	ETHEL N		Name	
525 INFIELD CT DELRAY BEACH, FL 33444			Street Address	(P.O. Box Number is Not Acceptable)
			City	□ I Zip Code
O The shave	accord agits, a basis this glate	amont for the average of changing it		
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 THE JUDICAL (NOTE: Registered Agent signature required when reinstating) OATE				
Signature, typed or profest (any of registered agent and table in applicable (NOTE: Registered Agent signature required when reinstating) OATE				
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.				
10.	OFFICER	RS AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS	JOSEPH, ETHEL N 525 INFIELD CT		NAME STREET ADDRESS	100112030141 11/06/0701014013 **150.00
CITY-ST-ZIP	DELRAY BEACH, FL 334	144	CITY-ST-ZIP	11/00/01/01/01/01/01/01/01/01/01/01/01/0
THE	VP	☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS	LOUIS, PIERRE 3385 SLATE DR		NAME STREET ADDRESS	
CITY-ST-ZIP	AUSTEL, GA 30106		CITY-ST-7IP	
TITLE NAME	SEC MYRTIL, NATHANAEL	Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADORESS	162-62 PEACH WAY		STREET ADDRESS	
CHY-ST-ZIP	DELRAY BEACH, FL 334		CITY-ST-ZIP	
TITLE NAME	TREA JOSEPH, PIERRE V	□ Deletc	TIFLE TIAME	☐ Change ☐ Addition
STREET ADDRESS	525 INFIELD CT		STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH, FL 334		CITY-ST-ZIP	
TITLE NAME		☐ Delete	, HILE NAME	☐ Change ☐ Addition .
STREET ADDRESS			STREET ADORESS	
CITY-SI-ZIP			CIFY-SI-ZIP	Change Addition
NAME		☐ Dolete	TIME	Change C Addition
STREET ADDRESS			STREET ADDRESS	
CITY-SI-ZIP	cortifu that the information as a	plied with this filling does not awalify.	CITY-ST-ZIP	and in Chanter 119 Florida Statutes I further certify that the information
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 addysss, with all other like-empowered.				
SIGNATURE: SIGNATURE SIGNATURE AND TYPED OR PRINTED OR AND OFFICER OR DIRECTOR 11-07 (561) 369-8443 Daylore Printed R				
	SIGNATURE AND	THE STATE OF SIGNING OFFICE		ware C Supplied a