

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 NOV -6 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000012761

1. Entity Name
TRUST BAKERY VARIETIES, INC



Principal Place of Business
1550 N. FEDERAL HWY
STE 18
BOYNTON BEACH, FL 33435 US

Mailing Address
1550 N. FEDERAL HWY
STE 18
BOYNTON BEACH, FL 33435 US

2. Principal Place of Business - No P.O. Box #
1550 N Federal Hwy
Suite, Apt. #, etc. *17*
Boynton Bch FL
City & State
33435 Palm Beach

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country



REINSTATEMENT 2007

4. FEI Number
33-1110456
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
JOSEPH, ETHEL N
525 INFIELD CT
DELRAY BEACH, FL 33444

7. Name and Address of New Registered Agent
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 *Ethel Joseph* DATE *11-01-07*
(NOTE: Registered Agent signature required when reinstating)

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. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOSEPH, ETHEL N 525 INFIELD CT DELRAY BEACH, FL 33444 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LOUIS, PIERRE 3385 SLATE DR AUSTEL, GA 30106 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC MYRTIL, NATHANAEL 162-62 PEACH WAY DELRAY BEACH, FL 33484 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA JOSEPH, PIERRE V 525 INFIELD CT DELRAY BEACH, FL 33444 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>100112030141</i> <i>11/06/07--01014--019 **150.00</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Ethel Joseph* DATE: *11-01-07* (561) 369-8443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR