

2007 FOR PROFIT CORPORATION REINSTATEMENT


FILED

2007 MAR 19 PM 1:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000139396

1. Entity Name
MILY'S BAKERY CORP.



| | |
|--|--|
| Principal Place of Business 2800 SW 7 ST APT 304 MIAMI, FL 33135 | Mailing Address 2800 SW 7 ST APT 304 MIAMI, FL 33135 |
|--|--|

| | |
|---|---|
| 2. Principal Place of Business - No P.O. Box # 14510 SW 160 Terr <small>Street, Apt. #, etc.</small> | 3. Mailing Address <small>Street, Apt. #, etc.</small> |
|---|---|

| | |
|--|----------------------|
| City & State Miami, FL 33177 | City & State |
| Zip 33177 | Country US |



| | |
|------------------------------------|--|
| 4. FEI Number 20-4965100 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

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

6. Name and Address of Current Registered Agent

SEADE, JOSE
14510 SW 160 TERRACE
MIAMI, FL 33177

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

3. 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: *Jose Seade* (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$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 | |
|---|------------------------------------|---|---|
| FILE NAME SEADE, JOSE | P <input type="checkbox"/> Delete | FILE NAME 000095165430 | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| STREET ADDRESS 14510 SW 160 TERR | | STREET ADDRESS 03/28/07--01038--002 | |
| CITY-ST-ZIP MIAMI, FL 33177 | | CITY-ST-ZIP **300.00 | |
| FILE NAME SEADE, REINA | VP <input type="checkbox"/> Delete | FILE NAME | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| STREET ADDRESS 14510 SW 160 TERRACE | | STREET ADDRESS | |
| CITY-ST-ZIP MIAMI, FL 33177 | | CITY-ST-ZIP | |
| FILE NAME | <input type="checkbox"/> Delete | FILE NAME | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
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| FILE NAME | <input type="checkbox"/> Delete | FILE NAME | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

REINSTATEMENT

3/19/07

06-01

2. 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 or changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jose Seade*
PRINT NAME AND TYPE OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR