2008 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT					_	F 1	n		
DOCUMENT # P06000147042 1. Entity Name CUPCAKE GLORIA, INC) 	[투발] DEC -5 PM			
COPCARE GLORIA, INC					SEVENIE STATE				
Principal Place	e of Business	Mailing Address		TAL	LAHASSEE,	FLORIDA			
			3415 LIME HILL ROAD LAUDERHILL, FL 33319						
D TO DETITINE C.	,16 33313	DAODENINCE, I'E 3337				PENA ANN AAN ATIN A	ITAL 1991) ATAK INAK AYK	IN 81219 IZ	
2. Principal Place of Business - No P.O Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #. etc.			12032008	REIN-P	CR2E098	(1/07)	
City & State		City & State			4. FEI Numbi 20-598			-	plied For of Applicat
Zip Country		Zip	Count	ry	1	of Status Desired		75 Add	ditional
	6. Name and Address of Current	Registered Agent	<u> </u>		7. Name and	Address of New		_ '	
MALKED	VICIA D	<u>-</u>		Name					
WALKER, YKISHA R 3415 LIME HILL ROAD			ļ	Street Address	(P.O. Box Numb	er is Not Acceptab	le)		
LAUDERHILL, FL 33319									
			-	City			FL 2	Zip Cod	e
8. The above named entity submits this statement for the purpose of changing its reg				ed office or regist	ered agent, or bo	th, in the State of F	lorida. I am famili	iar with,	and acce
The obligat	ions of registered agree					10-0	JU - ()	18	
SIGNATURE_	Skoratura, speed or printed name of registered agent	and title if applicable (NOT	E: Registere	d Agent eignature req	ulred when reinstating)	10/_/	OO O	<u> </u>	
				•					
Į.	.E NOW!!! FEE IS \$150.00 tuary 1, 2009, Fee will be \$300.	00				In accordance corporation did	with s. 607.193 I not receive the	(2)(b), prior i	F.S., the notice.
10.	OFFICERS AND		11.		ADDITIONS	CHANGES TO OF			
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^{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 direct 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 changed, or on an uttachment when an address with all other like empowered.

SIGNATURE: