2010 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000077339

1. Entity Name
HAVE BREAD WILL TRAVEL, INC.

FILED
10 NOV 19 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

Principal Place of Business	Mailing Address
260 DEER RIDGE CIRCLE HAVANA, FL 32333	260 DEER RIDGE CIRCLE HAVANA, FL 32333
2. Principal Place of Business - No P O Box #	3. Mailing Address
Suite, Apt #, etc	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 26-0563652 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DENNARD, JOE L
260 DEER RIDGE CIRCLE
HAVANA, FL 32333

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: Joel L Dennard
Signature, typed or printed name of registered agent and title if applicable **(NOTE: Registered Agent signature required when reinstating)** DATE

FILE NOW!!! FEE IS $750.00
After January 1, 2011, Fee will be $900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DIR ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DENNARD, JOE L	NAME	
STREET ADDRESS	260 DEER RIDGE CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	HAVANA, FL 32333	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	500187967195
STREET ADDRESS		STREET ADDRESS	11/19/10--01019--007 **750.00
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Joel L Dennard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

EMAIL: JLDNOLE@yahoo.com