

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 00 NOV 13 PM 3:08

DOCUMENT # **P21190**

1. Corporation Name
MEYER'S BAKERIES, INC.

Principal Place of Business Mailing Address
~~2230 COTTONDALE LANE SUITE 4 LITTLE ROCK AR 72217~~
~~2200 COTTONDALE LANE SUITE 4 LITTLE ROCK AR 72217~~



REINSTATEMENT **00**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address: If Applicable
2700 East Third St.
 Suite, Apt. #, etc. **Hope, AR**
 City & State
 Zip **71801** Country

3. New Mailing Office Address: If Applicable
2700 East Third St.
 Suite, Apt. #, etc. **Hope, AR**
 City & State
 Zip **71801** Country

4. Date Incorporated or Qualified To Do Business in Florida **10/05/1988**

5. FEI Number **71-0395853** Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
CEO	MEYER, CHARLES T III	2230 COTTONDALE LANE, STE. 4	LITTLE ROCK AR
P	HART, JAMES	HWY 67 E	HOPE AR
VPE	JONES, GARY L	HWY 67 E	HOPE AR
CEO	Keeter, Chuck	2700 East Third St.	Hope, AR 71801
COO	Meyer, Chris	2700 East Third St.	Hope, AR 71801
CFO	O'Connor & Dennis	2700 East Third St.	Hope, AR 71801

8. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

9. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
600003483556--5
 Suite, Apt. #, Etc. **12201/00--01078--019**
*****750.00 ***750.00**
 City State Zip Code
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
 Signature of Registered Agent *Barbara A. Burke* **BARBARA A. BURKE** SPECIAL ASSISTANT SECRETARY Date **11-6-00**
 REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *R. Dennis O'Connor*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **R. Dennis O'Connor** Chief Financial Officer
 Date **11/1/00** Daytime Phone # **810 777 9031**