

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P93000002824

**Entity Name:** NCN BAKERY, INC.

**FILED**  
**Sep 28, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1703 MAIN STREET  
SARASOTA, FL 34236

**New Principal Place of Business:**

**Current Mailing Address:**

1703 MAIN STREET  
SARASOTA, FL 34236

**New Mailing Address:**

**FEI Number:** 59-3161117

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MELONE, TRACY  
1703 MAIN STREET  
SARASOTA, FL 34236 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:** TRACY MELONE

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** MELONE, TRACY  
**Address:** 1703 MAIN STREET  
**City-St-Zip:** SARASOTA, FL 34236

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** TRACY MELONE

MGR

09/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date