

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000056371

1. Corporation Name

Euro-Bake Inc.

2. Principal Office Address - No P.O. Box #

1830 3rd Avenue South

Suite, Apt. #, etc.

3. Mailing Office Address

1830 3rd Avenue South

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

Zip

33712

Country

US

City & State

St. Petersburg, FL

Zip

33712

Country

US

REINSTATEMENT

CR2E081 (6/10)

09-10

4. Date Incorporated or Qualified
To Do Business in Florida

08/09/1993

5. FEI Number

59-3197066

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee Required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Hartmut L. Gerhard

Street Address (P.O. Box Number is Not Acceptable)

6811 - 193rd Street East

Suite, Apt. #, Etc.

City

Bradenton

State

FL

Zip Code

34211

600185347546
09/14/10--01001--005 **\$00.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 09/16/2010

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Hartmut L. Gerhard	6811 - 193rd Street East	Bradenton, FL 34211

10. E-mail Address: mike.gerhard@yahoo.com

(To be used for future annual report notification)

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. I further certify, 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:

Hartmut L. Gerhard, President

09/16/2010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #