PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED

02 MAY -3 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000056009

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****300.00 ****300.00

1. Corporation Name

VICKY BAKERY INT INC
13925 N.W. 67 AVE
MIAMI LAKES, FLA 33014

2. Principal Office Address	3. Mailing Office Address
13925 N.W. 67 AVE	15720 TURNBERRY DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc. LOCH LOMOND
City & State: MIAMI LAKES FLA	City & State: MIAMI LAKES, FLA
Zip: 33014 Country: U.S.A.	Zip: 33014 Country: U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 65-0512405 ☐ 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: CAO PEDRO A.

Street Address (P.O. Box Number is Not Acceptable): 15720 TURNBERRY DRIVE LOCH LOMOND

Suite, Apt. #, Etc.:

City: MIAMI LAKES State: FL Zip Code: 33014

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: X _____ Date: 4-22-02
REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	CAO PEDRO A.	15720 TURNEBERRY DRIVE LOCH LOMOND	MIAMI LAKES, FLA 33014
S	CAO AMY	15720 TURNEBERRY DRIVE LOCH LOMOND	MIAMI LAKES, FLA 33014

10. 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: X _____ 4-22-02 (305) 827-2223 (O) (305) 681-3222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ok 5/10/02