FROM : H98000010411 PHONE NO. : Feb. 05 1997 03:43AM P2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
98 JUN -3 AM 8:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000040038

1. Corporation Name
French Riviera Bakery Company

Principal Place of Business / Mailing Address
800 west ave # 311
Miami Beach FL 33139

REINSTATEMENT 96-98

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

2. New Principal Office Address, If Applicable
800 West Ave # 311
Suite, Apt. #, etc.
City & State
Miami Beach
Zip FL County 33139

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip County

4. Date Incorporated or Qualified To Do Business in Florida
05/19/95

5. FEI Number
☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
Dir	Jean Marie Szymura	800 west Ave # 311	Miami Beach FL 33139
	SZYMURA		

8. Name and Address of Current Registered Agent

John M Macdaniel
One Biscayne Tower, Suite 2975
Miami, Fl 33131

9. Name and Address of New Registered Agent

Name: Jean Marie Szymura
Street Address (P.O. Box Number is Not Acceptable): 800 West Ave # 311
Suite, Apt. #, Etc.:
City: Miami Beach State: FL Zip Code: 33139

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: X [signature] REGISTERED AGENT MUST SIGN Date: 06/01/98

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. 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 [signature] 06/01/98 305/534-9292
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

Prepared by: Jean Marie Szymura 800 West Ave # 311 Miami Beach, Fl 33139
(305) 534-9292

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