

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P95000044103 1. Entity Name CAKES & TOAD, INC.						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 06 MAY -2 AM 9:22 REINSTATEMENT <u>PS-06</u>	
Principal Place of Business 17490 SW 70 PLACE FT. LAUDERDALE, FL 33331 US				Mailing Address 17490 SW 70 PLACE FT. LAUDERDALE, FL 33331 US			
2. Principal Place of Business 17401 SW 70th Place Suite, Apt. #, etc.				3. Mailing Address 17401 SW 70th Place Suite, Apt. #, etc.			
City & State Southwest Ranches, FL Zip 33331				City & State Southwest Ranches, FL Zip 33331			
Country USA				Country USA			
4. FEI Number 65-0590368				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent FLACK, LINDA 17490 SW 70TH FT LAUDERDALE, FL 33331				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 4/27/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE D <input type="checkbox"/> Delete NAME FLACK, LINDA STREET ADDRESS 17490 SW 70TH PL CITY-ST-ZIP FT LAUDERDALE, FL 33311				TITLE President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Linda Flack STREET ADDRESS 17401 SW 70th Place CITY-ST-ZIP SW Ranches, FL 33331			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: 				Date 4/27/06 Daytime Phone # 954-680-1619			