PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
96 DEC 20 PM 3:47
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P95000055005

1 Corporation Name

GRAN FORNO, LAS OLAS BAKERY INC.

Principal Place of Business

1235 EAST LAS OLAS BLVD
FT. LAUDERDALE, FLORIDA
33301

Mailing Address

SAME

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

REINSTATEMENT 96.00

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip | Country

3. New Mailing Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip | Country

4. Date Incorporated or Qualified To Do Business In Florida
7/11/95

5. FEI Number
59 2228238
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] $8.75 Additional Fee required for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRES	PIERO LOMBARDI	VIALE BORNATA 117 25100	BRESCIA, ITALY 25100
V.PRES	SALVATORE ANNINO	322 HENDRICKS ISLE	FT. LAUDERDALE, FL 33301
TRES.	GIANCARLO SANTARELLI	10255 EPPING LANE	DALLAS, TX 75229
SECT.	MARIA SANTARELLI	10255 EPPING LANE	DALLAS, TX 75229
			100002040521--2 -12/30/96--01011--007
			****383.75 ****383.75

8. Name and Address of Current Registered Agent

SALVATORE ANNINO
1235 EAST LAS OLAS BLVD.
FT. LAUDERDALE, FL. 33301

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State FL | Zip Code

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: Salvatore Annino
REGISTERED AGENT MUST SIGN

Date 12-17-97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [X] No [ ]

(See other side for information on intangible tax.)

12 I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: Salvatore Annino 12/17/96 954 467 2244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (12/95)