

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**

01 FEB 26 AM 10:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P95000087276

**1. Corporation Name**

GOLDEN RIVER BAKERY USA, INC.

**2. Principal Office Address**

15876 W. State RD 84

Suite, Apt. #, etc.

City & State

Sunrise, FL 33326

Zip

33326

Country

EBroward

**3. Mailing Office Address**

15876 W State RD 84

Suite, Apt. #, etc.

City & State

Sunrise, FL 33326

Zip

33326

Country

Broward

**REINSTATEMENT**

99-01

**4. Date Incorporated or Qualified  
To Do Business in Florida**

11/14/1995

**5. FEI Number**

65-0625766

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

JOAO A. FERREIRA

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

15876 West State Road 84

Suite, Apt. #, Etc.

City

Sunrise

State

FL

Zip Code

33326

**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 02-21-01

**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

D/C/P

Joao A. Ferreira

15876 West State RD 84

Sunrise, FL 33326

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-21-01

Date

Daytime Phone #

CR2E081 (9/00)