

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 27 AM 11:30

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P95000088191

1. Corporation Name

VILLA ESPANOLA BAKERY, INCORPORATED

Principal Place of Business

Mailing Address

1199 N.W. 42ND AVENUE  
MIAMI FL 33126

1199 N.W. 42ND AVENUE  
MIAMI FL 33126

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

03

4. Date Incorporated or Qualified  
To Do Business in Florida

11/16/1995

5. FEI Number

65-0667422

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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 3	City / State / Zip 4
PD	TEIXEIRA BRAZAO, ADELINO	5838 COLLINS AVE. NO. 4-B	MIAMI FL 33140
STD	BRAZAO, MARIA I	5838 COLLINS AVE. NO 4-B	MIAMI FL 33140

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TEIXEIRA ADELINO, ADELINO  
1199 NW 42ND AVE.  
MIAMI FL 33126

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Adelino Teixeira*  
REGISTERED AGENT MUST SIGN

Date 10/23/03

11. 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:

*Adelino Teixeira*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/03  
Date

Daytime Phone #

CR2E040 (7/03)

October 23/2003

Gentlemen:

We made the filing and payment of the 2003 for Profit Corporation Uniform Business Report (UBR) before Sept. 10/03

Please see photocopy of our check cashed by you on Sept. 10, 2003 in the amount of \$500.00 and copy of the said report sent to you with the check.

Please accept the renovation of our Corporation for the year 2003.

Thank you very much

VILLA ESPANOLA BAKERY, INC.