PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPAREMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

99 DEC 28 AM 11: 40

SECRETARY OF STATE TALLAHASSEE: FLORIDA

FILED

DOCUMENT #	P96000014503
 Corporation Name 	
MEAS	UNSHINE BAKERY, INC

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Principal Place of Busi		Mailing A	_						·	
2621	WEST	AVIE	BLVI	٠.						
	- LANDEZDA					REING	STATEA	ACAIT (W-00	
	re incorrect in any way, line t e Address, If Applicable			and enter correc ddress, If Applic		4. Date Inco	rporated or Qualifie siness in Florida		<u> </u>	
Suite, Apt. #, etc. Suite, Apt. #, etc.			t. #, etc.	dc.			5.55111			
City & State City & S		City & Sta	State			65-0654842			Applied For Not Applicable	
Zip	p Country Zip		Country			6. CERTIFICATE OF STATUS DESIRED			-	
7. Names and Street A	Addresses of Each Officer an	d/or Director (Florida nonpro	· · · · · · · · · · · · · · · · · · ·		:.	-		·	
Title(s)	Name of Officers and/or Directors		Street Address of Eac Officer and/or Directo 3 (Do NOT Use Post Office Box		r		City / State / Zip			
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	me and Address of Curren	t Registered A	Agent	<u> </u>		9. Name and	Address of New F	Registered Ager	ıt	
MILCA LINARES				Nan	Name ODALYS LIMINES					
1650	5W Sats			Stre	et Address (F		er is Not Acceptable	Way		
Thou	town of T	w-y	1-7		e, Apt. #, Etc.	,				
	~	(333	• ,	City	PLA~	747101) · · · · · · · · · · · · · · · · · · ·	State Zip	93317	
10. I, being appointed t Signature of Registered Agent	the registered agent of the ab	ove named co	rporation, am f	amiliar with and	accept the of	bligations of Sec	Date Date		199	
	Jane 1	ECASTERED	AGENT MUST	SIGN					/- <i>'</i>	
	oration owes the Personal Prope			e 30.	Yes	□ No 🏻	⊴ (S	ee other side for on intangible		
12. I certify that I am an	officer or director or the rec	eiver or trustee	empowered to	execute this ap	pplication as p	provided for in ch	napter 607 or 617. F	S. I further certi	ly that when filing	

2. 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 ascurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

17-78-99

Ommo Phone #