

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

97-98 AIR

DOCUMENT # P960000 31647

1. Corporation Name

B & B Bakery, Inc.

Principal Place of Business

630 N.E. 8TH  
Delray Beach, FL  
33483

Mailing Address

5967 Barry Adkin  
5967 Patio Dr.  
Boca Raton, FL  
33433

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

April 8, 1996

5. FEI Number

☒ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres	Barry Adkin	5967 Patio Dr. Boca Raton, FL 33433	

8. Name and Address of Current Registered Agent

Michael R. Tilley  
2000 Glades Rd, Suite 208  
Boca Raton, FL 33431

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 4/29/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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

Barry Adkin

4/29/98 (561) 392-2422

Date Daytime Phone #

(2)

*Law Offices of*  
**TILLEY & CHAPMAN**

MICHAEL R. TILLEY, ESQUIRE  
KRISTINE M. CHAPMAN, ESQUIRE

NATIONS BANK BUILDING  
2000 GLADES ROAD • SUITE 208  
BOCA RATON, FLORIDA 33431

(561) 392-5707  
TELEFAX (561) 368-0709

April 29, 1998

Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, Florida 32399

RE: B & B BAKERY, INC.  
Document No. P96000031647  
**REINSTATEMENT REQUEST**

Enclosed is an application for reinstatement of the above named corporation. As I previously discussed with your offices, this new corporation was not yet in business at its mailing address and failed to receive or file the annual report form for last year. It was accordingly administratively dissolved through my client's inadvertance. My client would appreciate your favorable consideration of this request for a one-time waiver of the reinstatement fee. A check in the amount of \$315 along with the completed application is enclosed.

Thank you for your consideration and assistance in this matter.

Sincerely,

  
Michael R. Tilley

MRT/dj  
Encl.

THE ABOVE STATEMENTS ARE TRUE.

  
BARRY ADKIN, PRESIDENT  
B & B BAKERY, INC.