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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 NOV -9 AM 8:00

DOCUMENT # P96000034063

**1. Corporation Name**

PANADERIA PASTELERIA BELLA VISTA, INC.

2220 NW 82 AVENUE

2220 NW 82 AVENUE

**2. Principal Office Address**

2220 NW 82 AVENUE

Suite, Apt. #, etc.

**3. Mailing Office Address**

2220 NW 82 AVENUE

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33122

Country

USA

Zip

33122

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida 4/18/1996**

**5. FEI Number**  
65-0686127

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☐**

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 04  
MRB

**7. Name and Address of Current Registered Agent**

Name

MARCO MALVENTANO

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

9805 NW 52 STREET

Suite, Apt. #, Etc.

120

City

Miami

State

FL

Zip Code

33178

**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

10/31/04

**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	MARCO MALVENTANO	9805 NW 52 STREET #120	Miami, FL 33178

400042607964  
11/09/04--01068--021 \*\*150.00

**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

Date

Daytime Phone #

10/31/04

CR2E081 (01/04)

292

**PANADERIA PASTERERIA BELLA VISTA INC.**

2220 NW 82<sup>nd</sup> Avenue  
Miami, FL 33122

October 26, 2004

Florida Department of State  
Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

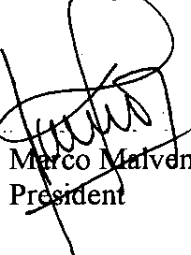
RE: Panaderia Pasteleria Bella Vista, Inc.  
Doc #P96000034063  
FEI # 65-0686127

Dear Sir/Madam:

This is to inform you that we had not received the annual report form year 2004 due to the fact that you have the wrong address in your records, please waive the fees since I assumed my report was filed on time.

These instructions were given to me by phone today by: Mr. Michelle Milligan please find enclosed the report and check for the year 2004 for the amount of \$150.00

Sincerely,

  
Marco Malventano  
President