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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 APR 17 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 96000090079

1. Corporation Name

LE MOULIN BAKERY, INC.

2. Principal Office Address

6913 N.E. 3rd Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Zip

33138

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/1/96

5. FEI Number

65-0704729

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

Alan W. Levine, Esq.

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

1110 Brickell Avenue

Suite, Apt. #, Etc.

7th floor

City

Miami,

State

FL

Zip Code

33131

100003225151-3

-04/26/00--01078--002

***300.00 ***300.00

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 4/5/00

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
Pres	Alain Bitton	6913 N.E. 3rd Avenue	Miami, FL 33138
V.P.	Gerard Bitton	6913 N.E. 3rd Avenue	Miami, FL 33138

99-0078 AR

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:

PRESIDENT

4/5/00

305-372-1350

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/99)

LEVINE & PARTNERS, P.A.
ATTORNEYS AT LAW

1110 BRICKELL AVENUE, 7TH FLOOR
MIAMI, FLORIDA 33131

TELEPHONE (305) 372-1350
TELEFAX (305) 372-1352

April 6, 2000

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

RE: LE MOULIN BAKERY, INC.
Document # P 96000090079

Dear Sir/Madame:

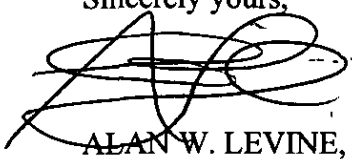
Regarding the above referenced Corporation, enclosed is a completed Corporation Reinstatement form, along with check in the amount of \$300.00.

Unfortunately, our client had never received the Annual Reports and, therefore, the Corporation was administratively dissolved on 9/24/99.

We would appreciate your reinstating the Le Moulin Bakery, Inc. and forwarding a copy of said reinstatement in the enclosed self-addressed envelope.

Should you require any additional information, please advise.

Sincerely yours,



ALAN W. LEVINE, ESQ

Z
Enc.