

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

99 NOV 30 AM 8:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000094890**

1. Corporation Name

**AMARILYS BAKERY CORP.**

Principal Place of Business

12795 SW BIRD RD.  
MIAMI FL

Mailing Address

12795 SW BIRD RD.  
MIAMI FL

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

4. Date Incorporated or Qualified  
To Do Business in Florida

11/20/1996

5. FEI Number

65-0709417

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	4 City / State / Zip
<del>DP</del>	<del>BOVER, ENRIQUE</del>	<del>4240 SW 133RD CT.</del>	<del>MIAMI FL 33175</del>
<del>DP</del> DP	BOVER, GRISEL	4240 SW 133RD CT.	MIAMI FL 33175
DT	SOSA, MIGDALINA	4240 SW 133RD CT.	MIAMI FL 33175
			300003069573--5 -12/14/99--01074--023 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~FERNANDEZ, CARLOS L~~  
9485 SUNSET DRIVER, STE. A204  
MIAMI FL 33173

Name

GRISEL BOVER

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

4240 SW 133 CT

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33175

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

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/19/99

Date

(305) 773

Daytime Phone #

KE

8239

CR2E040 (8/99)