

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND

03 MAY 20 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000065958

1. Corporation Name

MISTER BREAD, INC.

[Handwritten signature]

2. Principal Office Address

3800 SE Dixie Hwy

Suite, Apt. #, etc.

City & State

Stuart FL

Zip

34997

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 99-03

4. Date Incorporated or Qualified
To Do Business in Florida

7/30/97

5. FEI Number

☒ 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

MARK BISBING

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

200 S. BISCAYNE BLVD

Suite, Apt. #, Etc.

SUITE 2710

City

MIAMI

State

FL

Zip Code

33131

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

[Handwritten signature]

Date 3/28/3

REGISTERED AGENT MUST SIGN

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
PD	PATRICK DUBOIS	27 S. River Rd	Stuart FL 34996
TSD	MARIE DUBOIS	27 S. River Rd	Stuart FL 34996
VD	MARK BISBING	200 S. Miami Ave	Miami FL 33129

000014948550

03/31/03 - 01043 - 003 **\$400.00

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:

[Handwritten signature] MARK BISBING

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/28/3

Daytime Phone #

305 377-1564

CR2E081 (10/02)