FILED FIGURE FARY OF STATE FISION OF CORPORATIONS								
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PLEASE READ A	ALL INSTRUCTIONS BEFORE C	OMPLETING THIS FORM.
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DOCUMENT # P9700097539 1. Corporation Name									ľ	
<u></u>	E MA	ANA BAKERY	AND DEEM	, INC.						
		3. Mailing Office Addre	,	<u>.</u>				•		
Suite, Apt. #,		KIDGE FO.	Suite, Apt. #, etc.					·		
City P State			City & State		4.	 Date Incorporate To Do Busir 				
City & State		FLORIDA	ORLANDO	FLORIDA	5.	FEI Number		8265Ŧ	⊢ ;	Applied For Not Applicable
^{zip} 3280	<u> </u>	ORANGE	^{Zip} 32809	ORANGE	6.	CERTIFICATE		S8.7	5 Addition or a Certific	nal Fee required cate of Status
			7. Name and /	Address of Current Re	gistered A	_				
	Name	EUGENIO	LOPEZ			80	300°	033 49 8/03/000	1328 11064-	3 # - 1 - 0 02
	Street Add	dress (P.O. Box Number is No	ot Acceptable)	EEK BLY		•	*	***300.00	***	300.00
	Suite, Apt.		YSTAL CE	EK 10-	<u>-</u>					
	City	ORLAND	×O		te sp		State FL	Zip Code 32837		j
8. I, being a Signature of Registered A	f ,	e registered agent of the abov	Lopez		t the obliga	itions of sectio	n 607.0509 Date _	5 or 617.0503, F.S 7 21 00		
3 Names	Street A		GISTERED AGENT MUST		int loop S	3 -tivo et area)				
Titles	and Street Ar	Name of Officers and/or Directors	Of Director (Fiolida Horipic	(Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director			City / State / Zip			
Resident Res. Ageist	Euge	NIO LOPEZ	[····	ORLANDO FL 32837			oplando fl 32837			
Secretary	ADA	LOPEZ	OPLAN	2944 CLYSTAL CLEEK BUL OKLANDO FL 32837			OLL	hoo fl	328	37
	.	ANNA LOPEZ	-	10623 DEERGRASS LA ORLANDO FLORIDA			68LANDO FL 32821			
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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: EUGENIO LOPE Z

Le Mana Bakery, Inc.

2332 W Oakridge Rd. Orlando, Florida 32809 Telephone: 407-859-5341

July 6, 2000

Florida Department of State Division of Corporations Reinstatements

Enclosed please find Ck # 2711 dated July 6, 2000 of Le Mana Bakery, Inc. in the amount of \$ 300.00. Please accept this check for the reinstatement of the abovementioned company.

Le Mana Bakery, Inc. was sold in 1998. The mailing address and directors / officers name and addresses was not corrected, by consequence we never received the annual report to fill out.

The new board of directors / officers of Le Mana Bakery, Inc. are the following.

President

Eugenio Lopez

Secretary

Ada Lopez

Treasurer

Lilliana Lopez

Resident Agent

Eugenio Lopez

Mailing Address: Le Mana Bakery, Inc

2332 W Oakridge Rd Orlando, Florida 32809 Telephone 407-859-5341

By signing I also accept the position of Resident Agent of La Mana Bakery, Inc.

Sincerely,

Eugenio Lopez

President- Le Manna Bakery, Inc