

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR 14 AM 10:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 97000105682

1. Corporation Name

MISTER BREAD OF STUART, INC

2. Principal Office Address

3800 SE Dixie Hwy

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

STUART FL

City & State

Zip

34997

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/16/97

5. FEI Number

05-0810868

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 99-03

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

Wei

REGISTERED AGENT MUST SIGN

Date

3/28/3

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	2000 S. Miami Av	Miami FL 33129

03/31/03--01043--003 **5400.00

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03/31/03--01043--003 **5400.00

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:

Wei

MARK BISBING

3/28/3

305377-1564

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)