PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM."

	RPORATION ISTATEMENT	FLORIDA DEPARTMENT Secretary of Sta DIVISION OF CORPORA	te	î perê	PHUVEL AND FILED	
DOCUMENT # P97 000 107915 1. Corporation Name				O3 MAY 20 PM 2: 08 SECRETARY OF STATE TALLAHASSEE, FLORIDA		
INTERNATIONAL BAKERY EQUIPMENT CORPORATION					COLUMN CARROLL .	
	of Office Address SEDIX, PHWY	3. Mailing Office Address	AME		ATEMENT 99-0	
Suite, Apt. f	*, etc.	Suite, Apt. #, etc.	f	4. Date incorporated or To Do Business in F	Qualified	
City & State	vart FL	City & State			Applied For	
349	197 Country JA	Zip Country		6. CERTIFICATE OF STATE	Not Applicable US DESIRED 58.75 Additional Fee require 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 (C. BUSCAYN) RUVD					
Suite, Apt. #, Etc. CULTE 2710						
	City MIAMI			State FL.	Zip Code 7	
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 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 Street Address of Ea Officers and/or Directors Officer and/or Directors		at Address of Each	h		
99	PATRICK DV	BOIS 27 S. R	iver R	.d St.	uart FL 34996	
TSD	MARIE DUBO) 15 27 S. R	iver R		Var+ FL 34996	
UD	MARK BISBI	VG 2000 S	. Mian:	A~ M:	am: FL 33129	
				03/31/03(
				03/31/03-0	4340700 1043003 **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 filling 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: MARK BISBING 3 28 3 305 317 1564						