

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

DIVISION OF CORPORATION

04 JAN 28 PM 3:18

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000010331

1. Corporation Name

Breads Unlimited Inc.

900028402559

02/09/04--01026--027 **300.00

REINSTATEMENT 03-04

2. Principal Office Address

5703 NW 35th Ave

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33142

Country

USA

3. Mailing Office Address

5703 NW 35th Ave

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33142

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/02/1998

5. FEI Number

650810213

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

The Law Offices of Craig M. Dorne, P.A.

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

407 Lincoln Road

Suite, Apt. #, Etc.

Penthouse Southeast

City

Miami Beach

State

FL

Zip Code

33139

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

Craig M. Dorne, Esq.

Date 1/26/04

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
DPS	Esquenazi, Albert	5703 NW 35th Ave	Miami, FL 33142

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:

Albert Esquenazi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/26/04

Daytime Phone #

305-634-1180

CR2E081 (10/02)

Law Offices of Craig M. Dorne, P.A.

January 27, 2004

Department of State
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

RE: Breads Unlimited Inc.

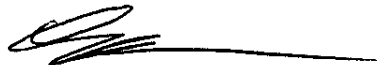
To whom it may concern:

The undersigned is requesting the waiver of the penalty for reinstatement of the above corporation as the annual report for last year was not received by the company. Enclosed herewith is the reinstatement form for reinstatement of the above corporation.

Should you have any questions, please do not hesitate to contact me.

Very truly yours,

The Law Offices of
Craig M. Dorne, P.A.



Craig M. Dorne, Esq.
For the Firm

CMD/ig
Enclosure