

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000014537

1 Corporation Name

International Bakeries, Inc.

Principal Place of Business

Mailing Address

131 SE. 1st Ave
Hallandale, Fl. 33009

131 SE. 1st Ave
Hallandale, Fl 33009

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2 New Principal Office Address, If Applicable

3 New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

2/13/98

5. FEI Number

65-0815926

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	Shlomo Attia	131 SE. 1 st Ave	Hallandale, Fl 33009
VP	Joseph L. Maggi	131 SE. 1 st Ave	Hallandale, Fl. 33009

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Joseph L. Maggi
131 S.E. 1st Ave
Hallandale, Fl. 33009

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Joseph L. Maggi

REGISTERED AGENT MUST SIGN

Date 11/2/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph L. Maggi

Joseph L. Maggi

Date

11/2/99

Daytime Phone #

(954) 922-2221

FILED

99 NOV -4 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800003045448--4
-11/16/99--01050--010
****150.00 ****150.00

CR25081 (12/98)

To Whom It May Concern:

11/2/88. 2

Would you please reinstate International Batteries, Inc, because we had moved and never received the package to renew our corporation in early 1989. We became a corporation in 1988. I am inclosing a check for \$150.00

Thank You

Joseph L. Maggi