

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

99 DEC 13 AM 9:57

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P98000090951

1. Corporation Name

W & M BAKERY REPAIRS AND SALES INC.

Principal Place of Business

9568 NW 24 AVE
 MIAMI FL 33147

Mailing Address

9568 NW 24 AVE
 MIAMI FL 33147

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

10/23/1998

5. FEI Number

65-0879232

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 | 4 City / State / Zip |
|------------|-------------------------------------|--|---|
| P | ADAMS, WILBERT | 9568 NW 24 AVE | MIAMI FL 33147 |
| V | ADAMS, MYRON E | 9568 NW 24 AVE | MIAMI FL 33147 |
| S | ADAMS, JUANITA | 9568 NW 24 AVE | MIAMI FL 33147 |
| S | HAWKINS, SANDRA A | 6065 NW 186 ST #310 | HIALEAH FL 33015 |
| | | | |
| | | | 200003077772--4 -12/22/99--01042--012 ***\$150.00 ***\$150.00 |

8. Name and Address of Current Registered Agent

HAWKINS, SANDRA A
 6065 NW 186 ST #310
 HIALEAH FL 33147

9. Name and Address of New Registered Agent

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

REGISTERED AGENT MUST SIGN

Date

11. 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

10-20-99 (305)

Daytime Phone #

691-8320

CR2540 (8/99)

2

November 3, 1999

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

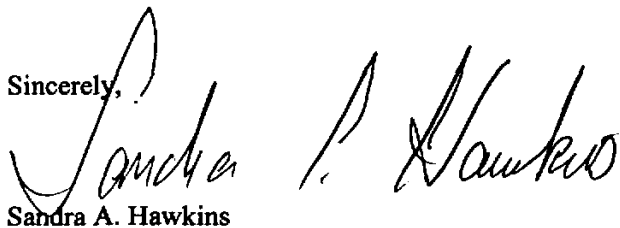
W & M Bakery Repairs and Sales Inc.
9568 N.W. 24th Avenue
Miami, Florida 33147

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The purpose of this letter is to request for a waiver for reinstatement fee for the 1999 annual report . This is the first time we have received anything from this office in reference to this corporation. The annual report for this corporation will be filed in a timely manner.

Thank you for you patience and cooperation.

Sincerely,

A handwritten signature in cursive script, appearing to read "Sandra A. Hawkins".

Sandra A. Hawkins