


# 2008 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P98000099689</b>		
1. Entity Name <b>BARA BREAD CORPORATION</b>		
Principal Place of Business <b>1520 BROADWAY #101 FORT MYERS, FL 33901</b>		Mailing Address <b>1520 BROADWAY #101 FORT MYERS, FL 33901</b>
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>1005 VILLAGIO CIRCLE</b>
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>#104</b>
City & State		City & State <b>SARASOTA FL</b>
Zip	Country	Zip <b>34237</b> Country <b>USA</b>

**FILED**  
**09 JAN -5 PM 2:07**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**



12282008 REIN-P CR2E098 (1/07)

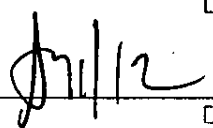
4. FEI Number <b>65-0879678</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>DELPHIN, ANTHONY 1520 BROADWAY FORT MYERS, FL 33901</b>		7. Name and Address of New Registered Agent Name <b>DELPHIN ANTHONY</b> Street Address (P.O. Box Number is Not Acceptable) <b>1005 VILLAGIO CIRCLE #104</b> City <b>SARASOTA</b> FL Zip Code <b>34237</b>	
---	--	---	--

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **ANTHONY DELPHIN** DATE **12/28/08**  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2009, Fee will be \$300.00</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DELPHIN, ANTHONY 1520 BROADWAY, #101 FORT MYERS, FL 33901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>400139415014</b> <b>01/05/09--01015--008 **150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD DELPHIN, ISABELLE 1520 BROADWAY, #101 FORT MYERS, FL 33901 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **ANTHONY DELPHIN** DATE **12/28/08** DAYTIME PHONE # **239 410 3619**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR