

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION  
FOR  
**REINSTATEMENT**

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

DOCUMENT # P99000034047

1. Corporation Name

THE ROSE BAKERY, INC.

Principal Place of Business

Mailing Address

1000 SOUTH MILITARY TRAIL  
WEST PALM BEACH FL 33405

1000 SOUTH MILITARY TRAIL  
WEST PALM BEACH FL 33405

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

2. New Principal Office Address, If Applicable

5813 S. 38th STREET

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

5813 S 38th STREET

Suite, Apt. #, etc.

City & State

GREENACRES FL

Zip 33463

Country USA

City & State

GREENACRES FL

Zip 33463

Country USA

4. Date Incorporated or Qualified  
To Do Business in Florida

04/14/1999

5. FEI Number

☒ 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
VPD	CASSINI, MARIA D	1000 SOUTH MILITARY TRAIL	WEST PALM BEACH FL 33405
PSTD	CASSINI, CHRISTIAN	1000 SOUTH MILITARY TRAIL	WEST PALM BEACH FL 33405

000003500320--1  
-12/13/00--01100--002  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CASSINI, CHRISTIAN  
1000 SOUTH MILITARY TRAIL, #A  
WEST PALM BEACH FL 33405

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

11/29/00

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/29/00

Daytime Phone #

CR2E040 (800)

KE

Member National  
Society Of  
Public Accountants

**MINRAN ASSOCIATES, INC.**

*Accountants*  
4310 TENTH AVENUE NORTH  
LAKE WORTH, FLORIDA 33461  
(561) 965-5508  
FAX (561) 967-6736

2022  
Enrolled to Practice  
Before the  
Internal Revenue Service

November 27, 2000

Florida Department of State  
Division of Corporations  
Annual Report/Reinstatement Section  
PO Box 6327  
Tallahassee, FL 32314-6327

RE: The Rose Bakery, Inc.

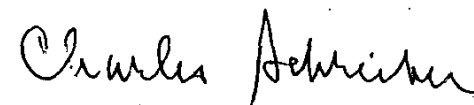
Gentlemen:

In accordance with my telephone conversation with your office, enclosed you will find the completed "Application for Reinstatement" together with a check in the amount of \$150.00.

As I explained to the young lady to whom I spoke, the stockholders and officers of the company are from South America, and do not have a command of the English language. None of their corporate officers remember receiving either the first or second annual report notice.

It is based on the above that we are requesting a reinstatement of the corporation at this time. Your attention to this matter is appreciated.

Very Truly Yours,

  
Charles Schreiber

CS/rds

CC: The Rose Bakery, Inc.