

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

01 JAN 24 PM 12:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000074921

1. Corporation Name

LA FAVORITA PANADERIA DE HOMESTEAD, INC.

Principal Place of Business

Mailing Address

53 N. FLAGLER AVE.  
HOMESTEAD FL 33030

~~53 N. FLAGLER AVE.~~ 14470 S.W. 294 ST.  
~~HOMESTEAD FL 33030~~ HOMESTEAD, FL. 33032



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

08/23/1999

5. FEI Number

65-1037074

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
PSD	ANGUIANO, CONCEPCION	14470 S.W. 294TH STREET	MIAMI FL
VTD	ANGUIANO, MARIA	14470 S.W. 294TH STREET	MIAMI FL

600003631896--6  
-02/02/01--01142--003  
\*\*\*\*\*750.00 \*\*\*\*\*750.00

REINSTATEMENT 2600-0

8. Name and Address of Current Registered Agent

ANGUIANO, CONCEPCION -  
53 N. FLAGLER AVE.  
HOMESTEAD FL 33030

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

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

01/18/01

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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/18/00 (305) 245-0436  
Date Daytime Phone #

CR2040 (9/00)