

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

03 NOV 13 PH 3:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P99000099019

1. Corporation Name

ARIANNA BAKERY, INC.

2. Principal Office Address

7606 NW 186th ST

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33015

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-0960336

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT

03

000024636510  
11/13/03--01044--011 \*\*150.00

**7. Name and Address of Current Registered Agent**

Name

VIRGINIA M. DISLA

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

7600 NW 186th ST

Suite, Apt. #, Etc.

A

City

MIAMI

State

FL

Zip Code

33015

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Date 11/07/03

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	BOCALANDRO, YUSMEL	19070 NW 57 AVE	MIAMI FL 33015

10. 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:

YUSMEL BOCALANDRO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/07/03

Date

(305)826-2949

Daytime Phone #

CR2E081 (10/02)

October 10, 2003

**Arianna Bakery, Inc.**  
7606 NW 186<sup>th</sup> St  
Miami, FL 33015

**FLORIDA DEPARTMENT OF STATE**  
**DIVISION OF CORPORATIONS**  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

DEAR SIR/MADAM:

As per your instruction over the telephone, enclosed please find a check in the amount of \$150.00 for the 2003 Union Business Report of **ARIANNA BAKERY, INC. DOC# P99000099019**. As I explained to you I never receive the form therefore; you recommended to send the enclosed check today, please advised at the telephone numbers (305)794-8472, (305) 826-2949 or Fax (305) 817-0815, Our working hours is from 08:00 A. M. to 7:00 P. M.

Thank you very much. Sincerely,



Yusmel Bocalandro