(1)

H99000010373 1PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED
99 MAY -3 AM 11:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Read Instructions on Other Side Before Making Entries
Make Check Payable To: *Department of State*

1. Name and Mailing Address of Corporation. DOCUMENT # S56359

SIRE BAKERY, INC.
1301 West 36th St.
Hialeah, Fl. 33012

2. If Address in Block 1 is incorrect in any way, enter the correct address below

Address

City and State Zip Code

3. If Principle Office Adaress is different from mailing address enter address below

Address

City and State Zip Code

REINSTATEMENT 5-6-99

4. Date Incorporated or Qualified To Do Business in Florida: 5/31/91

5. FEI Number: 65-0262886

FEI Number Applied For

FEI Number Not Applicable

6. $8.75 Additional Fee required for a Certificate of Status

CERTIFICATE OF STATUS DESIRED X

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 (Do NOT Use Post Office Box Numbers)	4 City : State : Zip
D, P, S	PARRA, JOSE	1301 W. 36th St.	Hialeah, Fl. 33012
T	PARRA, OLEMA	1301 W. 36th St.	Hialeah, Fl. 33012

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

PARRA, JOSE
1301 W. 36th St.
Hialeah, Fl. 33012

9. If changed, new registered agent / office

Name

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City State: FL Zip

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 X JOSE PARRA REGISTERED AGENT MUST SIGN Date 4/27/99

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

13. I certify that I am an officer or director of 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director X JOSE PARRA Date 4/27/99 Daytime Phone # (305)819-8890

(2)

Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H99000010373 1)))

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To:
Division of Corporations
Fax Number : (850)922-4004

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

CORPORATION REINSTATEMENT

SIRE BAKERY, INC.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	$1,058.75