

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # S57011

1. Entity Name
MOISES BAKERY OF MIAMI, INC.



06 OCT 19 2006 3:16

Principal Place of Business
**7310 COLLINS AVENUE
MIAMI BEACH, FL 33141**

Mailing Address
**7310 COLLINS AVENUE
MIAMI BEACH, FL 33141**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



101720064 REINSTATEMENT 10/19/06 (1/05)

4. FEI Number
65-0205393

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PADRON, JACQUELINE
9008 FROUD AVE
SURFSIDE, FL 33154**

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$300.00**

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
**ST
COLEMAN, PHILIP
7310 COLLINS AVE
MIAMI BEACH, FL 33141** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**900081026689
10/19/06--01037--012 **150.00** ☐ Change ☐ Addition

TITLE
NAME
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CITY - ST - ZIP
**P
PADRON, JACQUELINE
7310 COLLINS AVE
MIAMI BEACH, FL 33141** ☐ Delete

TITLE
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☐ Change ☐ Addition

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CITY - ST - ZIP
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-16-06

Date

Daytime Phone #

R Mitchell OCT 19 2006