

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

16 FEB -1 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # U 33101

1. Corporation Name

Irma Bakery, Inc.

2. Principal Office Address - No P.O. Box #

7133 West Flagler St

Suite, Apt. #, etc.

Miami, FL

City & State

33144

Zip

Country

U.S.A

3. Mailing Office Address

7133 West Flagler St

Suite, Apt. #, etc.

Miami, FL

City & State

33144

Zip

Country

U.S.A

700281678597
02/01/16--01044--031 **150.00

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

05-01-92

5. FEI Number

65-0333961

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Magda E Membreno

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

713 N.W 128 PL.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33182

NO
700281678597
02/01/16--01044--030 **400.00

700281678597
02/01/16--01044--029 **158.75

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

Magda E Membreno

REGISTERED AGENT MUST SIGN

Date 1-18-16

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
President	Magda E Membreno	713 N.W 128 PL	Miami FL 33182
Vice-P	Alma Moreno	591 S.W 122 Ave	Miami FL 33184
Sec	Ninfa Briones	591 S.W 122 Ave	Miami FL 33184
			700281678597 02/01/16--01044--032 **191.25
REINSTATEMENT			
2015-2016			S. HAWKES FEB 9 AM

10. E-mail Address:

(To be used for future annual report notification)

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 in 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. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE:

Magda E Membreno

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

1-18-16 (305) 266-8090

Date Daytime Phone #

EXAMINED