

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 DEC 29 PM 3:11

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # **617290**

1. Corporation Name
BAGELMANIA INC.

300139336813
12/30/08--01013--012 **608.75

REINSTATEMENT 05-08

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

11800 N.W 102 ROAD

Suite, Apt. #, etc.

6

City & State

MEDLEY, FLORIDA

Zip

Country

3. Mailing Office Address

118 N.W 102 ROAD

Suite, Apt. #, etc.

6

City & State

MEDLEY FLORIDA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1981

5. FEI Number

59-1910282

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

7. Name and Address of Current Registered Agent

Name

GARY J SCHWARTZBERG

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

11800 NW 102 ROAD

Suite, Apt. #, Etc.

6

City

MEDLEY

State

FL

Zip Code

33178-1030

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **12-23-2008**

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
CEO	GARY J. SCHWARTZBERG	11800 NW 102 Rd. #6	MEDLEY FLORIDA 33178-1030
	<i>[Signature]</i>		

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 contained in Chapter 119, 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY J. SCHWARTZBERG

12-23-08

Date

305-887-5200

Daytime Phone #