

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P92000011289

97 JUN -6 AM 9:17

1. Corporation Name *MARJON Donuts, Incorporated*

Principal Place of Business: *1900 N. Federal Highway Ft. Lauderdale, Fl. 33305*
Mailing Address: *20256 Hacienda Ct. Boca Raton, Fl. 33498*

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida <i>12/9/92</i>	
Suite, Apt. #, etc.		City & State		5. FEI Number <i>65-0400213</i>	
City & State		City & State		Applied For Not Applicable	
Zip		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

REINSTATEMENT 96-97

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

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	MANDOCHER Fallah Moghaddam	1900 N. Federal Highway Ft. Lauderdale, Fl. 33305	
VP	MEHRDAD Fallah Moghaddam	SAME	
S	HAMID R. Zahedi	SAME	
D	Jeanette Fallah Moghaddam	SAME	

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-06/25/97-01100-004
***1150.00 ***1080.00

8. Name and Address of Current Registered Agent

*MANDOCHER Fallah Moghaddam
20256 Hacienda Ct.
Boca Raton, Fl. 33498*

9. Name and Address of New Registered Agent

Name: *JRA Gutt, Esp, Behar, Gutt & Glazer, P.A.*
Street Address (P.O. Box Number is Not Acceptable): *2999 NE 191 Street*
Suite, Apt. #, Etc.: *# 800*
City: *AVANTURA* State: **FL** Zip Code: **33180**

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: *[Signature]*
REGISTERED AGENT MUST SIGN

Date: *6/3/97*

11. 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.)

12. 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:

M. Fallah Moghaddam
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MANDOCHER Fallah Moghaddam

Jun 6TH, 1997 954 974-7494
Date Daytime Phone #

CR2E040 (12/96)

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