

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 SEP -5 AM 8:00

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000010551

**1. Corporation Name**

Hometown Bagel, Inc.

**REINSTATEMENT** 02-03

100010046951  
01/13/03--01031--015 \*\*750.00

**2. Principal Office Address**

10057 Sunset Strip

Suite, Apt. #, etc.

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

Sunrise, FL.

City & State

Zip

33322-5303

Country

USA

Zip

Country

**4. Date Incorporated or Qualified To Do Business in Florida** 01/20/96

**5. FEI Number** 65-0700393

Applied For  
Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

**7. Name and Address of Current Registered Agent**

Name

Gary J. Schwartzberg

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

10057 Sunset Strip

Suite, Apt. #, Etc.

City

Sunrise

State

FL

Zip Code

33322-5303

**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

REGISTERED AGENT MUST SIGN

Date 12/31/02

**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
Pres./Sec.	Gary J. Schwartzberg	10057 Sunset Strip	Sunrise, FL. 33322

**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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Gary Schwartzberg

1/35

12/31/02

954 748-5077

CR20081 (8/01)