

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 DEC 21 AM 11:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000081141

1. Corporation Name

330545 Donuts, Inc.

Principal Place of Business

Mailing Address

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

2. New Principal Office Address, If Applicable

1501 South Cypress Rd.

3. New Mailing Office Address, If Applicable

1405 S. Powerline Rd.

4. Date Incorporated or Qualified To Do Business in Florida

09/27/96

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0709675

Applied For

Not Applicable

City & State

Pompano Beach, FL

City & State

Pompano Beach, FL

Zip

33060

Country

USA

Zip

33069

Country

USA

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

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

1 Titles	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D/P	Manoochehr Fallah Moghaddam	1405 S. Powerline Rd.	Pompano Beach, FL 33069
D/S/T	Hamid R. Zahedi	1405 S. Powerline Rd.	Pompano Beach, FL 33069

500003082475-4  
-12/29/99-01008-015  
\*\*\*1050.00 \*\*\*1050.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

James B. Lyon

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

1881 University Dr.

Suite, Apt. #, Etc.

Suite 206

City

Coral Springs

State

FL

Zip Code

33071

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

REGISTERED AGENT MUST SIGN

Date DEC 16, 1999

11. This corporation owes the current year Intangible Personal Property Tax due June 30. 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.

KE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Manoochehr Fallah Moghaddam

Dec 16<sup>th</sup>, 1999

Date

Daytime Phone #

CR2E081 (12/98)