

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F00000005589

1. Corporation Name

NO. 1 COOKIE SERVICE, INC.

Principal Place of Business

P.O. BOX 907  
NORTHVILLE MI 48167

Mailing Address

P.O. BOX 907  
NORTHVILLE MI 48167

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

10/05/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

38-3227586

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$875 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	SHUKEIREH, GUS	16513 BROOKLANE BLVD.	NORTHVILLE MI 48167
VST	SHUKEIREH, RIAD	16513 BROOKLANE BLVD.	NORTHVILLE MI 48167
			600005172796--8 -03/27/02--01079--025 ****600.00 ****600.00
			600005172796--8 -03/27/02--01079--026 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

Name

Brian Courtney

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

Zip Code

FL 32301

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

Brian Courtney  
Asst. V. Pres.

REGISTERED AGENT MUST SIGN

Date

2-4-02

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 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 REQUIRED

Riad Shukeireh

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-15-01

Daytime Phone #

734-425  
9222

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 MAR 11 PM 4:00

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\*\*\*\*150.00 \*\*\*\*150.00

REINSTATEMENT 01-02