

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 OCT -1 AM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDACORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F20002

1. Corporation Name

Orange Park Donuts, Inc.

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

373 Blanding Blvd.

3. Mailing Office Address

20 Parrot Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orange Park, FL

City & State

Brooklyn, NY

Zip

33073

Country

US

Zip

11228

Country

US

7. Name and Address of Current Registered Agent

Name
Palmetto Charter Services, Inc.

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

150 Magnolia Avenue

Suite, Apt. #, Etc.

City
Daytona BeachState
FLZip Code
321144. Date Licensed or Qualified
To Do Business in Florida

02/17/1981

5. FEI Number
050390746

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$2.75 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.

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

9/28/07

Date

REGISTERED AGENT MUST SIGN

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
D/P	Siddiquee, Emadadul	20 Parrot Place	Brooklyn, NY 11228

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10/04/07--01035--003 **1680.00

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:

(EMDADUL H. SIDDIQUEE)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/26/07

Date

Daytime Phone #