AUG. 31. 2004 4:04PM CORPORATION SVC CO sociates
AUG. 30. 2004 11:06AM

PLEASE READ ALL INSTRUCTIONS BEFORE CO

FILED
04 SEP -1 PM 12:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G68371

1. Corporation Name
NEW YORK STYLE BAGELS, INC.

2. Principal Office Address: 33855 US RT 19	3. Mailing Office Address: SAME
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State: PALM HARBOR	City & State
Zip: 34684 County: Pinellas Pinellas	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 11/1983
5. FEI Number: 592341566 — Applied For / Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent
Name: ADAM SEPLOWE
Street Address (P.O. Box Number is Not Acceptable): 33855 US R 19 N US RT 19 N
Suite, Apt #, Etc.
City: PALM HARBOR PALM HARBOR State: FL Zip Code: 34684

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: [signature] REGISTERED AGENT MUST SIGN Date: 8/30/04

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	ADAM SEPLOWE	33855 US RT 19N	PALM HARBOR FL

REINSTATEMENT 98-0?

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] 8/30/04 727-785-9297
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E054 (01/00)

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Florida Department of State
Division of Corporations
Public Access System

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(((H04000178729 3)))

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : CORPORATION SERVICE COMPANY/SAR
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

CORPORATION REINSTATEMENT

NEW YORK STYLE BAGELS, INC.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	$1,658.75