PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

TELASE REASTRUCTIONS BEFORE COMPLETING THIS FORM.		
CORPORATION FLORIDA DEPARTMENT OF STATE Secretary of State		FILED
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DOCUMENT# G 6837/		SECRETARY OF STATE TALLAHASSEE.FLORID
NEW YORK STYLE BAGELS, INC.		1 9
1000000434G		REINSTATEMENT (6)
2. Principal Office Address 3. Mailing Office Address		: : : : : : : : : : : : : : : : : : :
33855 US 19 N. 33855 US 19 N. e. Apt. #, etc. Suite, Apt. #, etc.		CR2E081 (12/05)
Suite, Apt. #, etc. Suite, Apt. #,	etc.	4. Date Incorporated or Qualified To Do Business in Florida //- 08-1983
City & State City & State		5. FEI Number Applied For
Zip Country Zip	Country Country	59-2341566 Not Applicable
34684 Pinellas 346	84 Pinellas	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
Name ADAM Sept	owe	
Street Address (P.O. Box Number is Not Acceptable) 33855 US 19 N		
Suite, Apt. #, Etc.		
City PALM HARROT State Zip Code FL 34684		
8. I, being appointed the registered egent 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 Date 8/1/107		
REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)		
9. Names and Street Addresses of Each Officer and/or Director (FI	Street Address of Each	st 3 directors) City / State / Zip
Officers and/or Directors	Officer and/or Director	
M ADAM Septowe	33855 US 1	9 H. PALM WARPOR, FL 3468 f
M ADAM Septowe D Ingrid Septowe	33855 US 19	N. PALM HARbor, FL 34684
		8/31/070102?903 **750.00
DEIMOTATE	MENT MACO	800108900208 10/07/0701010022 **150 00
REINSTATEMENT 00-01 10/03/0701010022 ++150.00		
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.		
ADAM SEPTIONE 8/11/07 813-404-1588		
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dette Dette		

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