

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
 FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

DOCUMENT # K28044

99 NOV 15 PM 2:16

1. Corporation Name  
 CROISSANT OF ORLANDO, INC

Principal Place of Business Mailing Address  
 7725 CARRIAGE HOMES DR. #16  
 ORLANDO, FL. 32816

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1988	
City & State		City & State		5. FEI Number	
Zip		Country		59-2899941	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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. Title(s)	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
Pres.	MARK GREENBERG	7725 CARRIAGE HOMES DR #16	ORLANDO, FL. 32819
VP	MARYANN GREENBERG	↓	500003061565--3 -11722799--01117--022 ****150.00 ****150.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
MARK GREENBERG 7725 CARRIAGE HOMES DR #16 ORLANDO, FL. 32819		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	
		State FL Zip Code	

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: Mark Greenberg  
 REGISTERED AGENT MUST SIGN  
 Date: 11/5/99

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.

SIGNATURE: Mark Greenberg  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: 11/5/99  
 Daytime Phone #

CR2081 (12/98)

CROISSANT OF ORLANDO, INC  
7725 CARRIAGE HOMES DR #14  
ORLANDO, FL. 32819  
REF # K28044

NOV, 05, 1999

FLA. DEPT OF STATE  
DIVISION OF CORPORATIONS  
PO BOX 6327  
TALLAHASSEE, FL. 32314

TO WHOM THIS MAY CONCERN:

I RECEIVED THIS LETTER DATED 10/29/99 INDICATING  
MY CORPORATION WAS DISSOLVED BECAUSE WE DID NOT FILE  
1999 ANNUAL REPORT. I SPOKE TO A YOUNG LADY IN YOUR  
OFFICE TODAY AND SHE SAID WE SHOULD HAVE RECEIVED  
3 NOTICES OF THIS BUT I HAD NOT RECEIVED ONE.  
WE HAVE BEEN HAVING MANY PROBLEMS RECEIVING  
MAIL AT THE PREVIOUS ADDRESS. I WAS TOLD  
TO FILE OUT THE REINSTATE FORM AND SEND A  
CHECK FOR \$150.00 WHICH I HAVE ENCLOSED.

THANK YOU FOR ALL YOUR HELP IN THIS  
MATTER.

