

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Gloria J. Flook  
Secretary of State  
DIVISION OF CORPORATIONS

FILE  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 DEC 16 PM 4:18

1. DOCUMENT # L01000002194

Name and Mailing Address

0017773 01 IN 0,000

0615

ST. AUGUSTINE DONUTS, LLC  
1001 PONCE DE LEON BLVD.  
ST. AUGUSTINE FL



REINSTATEMENT 2003

2. New Mailing Address

City, State, Zip

4. State/Country of Formation  
FL

5. Date Organized or Qualified  
To Do Business in Florida 02/09/2001

Principal Place of Business  
1001 PONCE DE LEON BLVD.  
ST. AUGUSTINE FL

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number  
06-1631470

Applied For  
Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒ \$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

MEDEIROS, ROBERT E  
1001 PONCE DE LEON BLVD.  
ST. AUGUSTINE FL

9. Name and Address of New Registered Agent

Name

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

700024868617  
11/20/03--01008--013 \*\*155.00

City

FL

Zip Code

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

*Robert E. Medeiros*

REGISTERED AGENT MUST SIGN

Date

12/14/03

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	REALEJO, FRANK	1001 PONCE DE LEON BLVD	ST AUGUSTINE FL
MGRM	REALEJO, FRANK	1001 PONCE DE LEON BLVD	ST AUGUSTINE FL
MGRM	REALEJO, MARIA G	1001 PONCE DE LEON BLVD	ST. AUGUSTINE FL
MGRM	MEDEIROS, ROBERT E	1001 PONCE DE LEON BLVD	ST AUGUSTINE FL
MGRM	MEDEIROS, MARIE I	1001 PONCE DE LEON BLVD	ST. AUGUSTINE FL

REINSTATEMENT 2003

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of  
Managing Member/Manager

*Robert E. Medeiros*

Date

11/13/03

Daytime Phone #

904-827-0095

Typed or printed name of signing Managing Member/Manager