

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000030007

FILED
Nov 11, 2008
Secretary of State

Entity Name: BAGEL KING, LLC

Current Principal Place of Business:

405 WORTH BLVD
THORNHILL,, ON L4J8B3 CA

New Principal Place of Business:

Current Mailing Address:

405 WORTH BLVD
THORNHILL,, ON L4J8B3 CA

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY
470D ANSIN BLVD.
HALANDALE, FL 33309 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: BORIS LORMAN

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: OLEVSON, LEO
Address: 405 WORTH BLVD
City-St-Zip: THORNHILL, ON L4J8B3 CA

Title: MGRM () Delete
Name: LEVY, ARMAND
Address: 24 LEAMEADOW ROAD
City-St-Zip: THORNHILL, ON L4J8R6 CA

Title: MGR () Delete
Name: LORMAN, BORIS
Address: 251 174 STREET, APT. 1619
City-St-Zip: SUNNY ISLES, FL 33160

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: BORIS LORMAN

ACCM

11/11/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date