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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 APR -4 PM 4:00

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Kathleen Harris
Secretary of State
DIVISION OF CORPORATIONS

01-024BP

DOCUMENT # L25713
1. Corporation Name A-1 Bagels, Inc

2. Principal Office Address 6913 Miramar Pkwy Suite, Apt. #, etc.		3. Mailing Office Address 6913 Miramar Pkwy Suite, Apt. #, etc.	
City & State Miramar		City & State Miramar	
Zip 33023	Country U.S.A	Zip 33023	Country U.S.A

4. Date Incorporated or Qualified To Do Business in Florida 10/27/89	Applied For Not Applicable
5. FEI Number 65-0155864	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name SERTAN THOMPSON	
Street Address (P.O. Box Number is Not Acceptable) 9740 SW 13th ST	
Suite, Apt. #, Etc.	
City Pembroke Pines	State FL
Zip Code 33025	

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*****300.00 *****000.00

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 Sertan Thompson Date 3/25/02

REGISTERED AGENT MUST SIGN

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
President	SERTAN THOMPSON	9740 SW 13th ST	Pembroke Pines FL 33025
VP	MARCIA THOMPSON	9740 SW 13th ST	Pembroke Pines FL 33025
S	MARCIA THOMPSON	9740 SW 13th ST	Pembroke Pines FL 33025

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: Sertan Thompson / SERTAN THOMPSON Date 3/25/02 (954) 964-9843

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CP2E081 (9/01)