

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 13 AM 10:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03



700023766587
10/14/03--01002--001 **236.25

DOCUMENT # **P00000016269**

1. Corporation Name

COMMISSARY DONUTS, INC.

Principal Place of Business

Mailing Address

251 ALTAMONTE COMMERCE BLVD. #1420
ALTAMONTE SPRINGS FL 32714

251 ALTAMONTE COMMERCE BLVD. #1420
ALTAMONTE SPRINGS FL 32714

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

02/10/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3622298

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
VP/D	SMALL, KEVIN	9743 TATTERSAIL AVE	ORLANDO FL 32817 ORLANDO, FL 32817
VP/D	HINTLIAN, EDWARD	75 THORNBERRY ROAD	WINCHESTER MA 01890
VP/D	BOHLIN, GAREN	34 ARLINGTON ST	WINCHESTER MA 01890

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SMALL, KEVIN
9743 TATTERSAIL AVE
ORLANDO FL 32817

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date **10-9-03**

REGISTERED AGENT MUST SIGN

11. 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-9-03 407-341-3797

CR2E040 (7/03)