

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 MAY -2 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P00000050960*

1. Corporation Name

BAGEL CAFE OF BOSTON, INC.

2. Principal Office Address

964 NE 62 Street

Suite, Apt. #, etc.

City & State

OAKLAND PARK, FL.

Zip

Country

33334

USA

3. Mailing Office Address

964 NE 62 Street

Suite, Apt. #, etc.

City & State

OAKLAND PARK, FL.

Zip

Country

33334

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5-18-2000

5. FEI Number

65-1016078

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

IVAN A. SANCHEZ

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

3361 NW 85 AVE

Suite, Apt. #, Etc.

A-104

City

CORAL SPRINGS

State

FL

Zip Code

33065

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

1-17-02

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
D	IVAN A. SANCHEZ	3361 NW-85 AVE #A-104	CORAL SPRINGS, FL. 33065
D	GERARDO HERNANDEZ	8150 W. McNAB RD #202	TAMARAC, FL. 33321

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-17-02

Daytime Phone #

(904) 771-7221

W.W. DAYTAN, INC.

ACCOUNTING ° BOOKKEEPING ° TAXES

608 SW 76TH TERR.

N. LAUDERDALE, FL. 33068

TEL (954) 722-5594 FAX (954) 718-5054

April 30, 2002

Florida Dept of State
Division of Corporation
P.O. Box 6327
Tallahassee, Fl. 32314

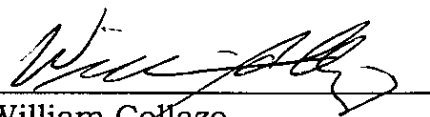
Bagel Café of Boston, Inc.
Doc #P00000050960

To whom it may concern,

Enclosed is our client's check #1926 in the amount of \$300. for Re-Instatement.

Please note that they never received last year's Re-Instatement notice. The two people involved, purchased a second business last year and the manager, who has since been fired, might have thrown the papers out.

Thank you,


William Collazo