

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 01 DEC 17 PM 1:27

**DOCUMENT # P00000102214**

1. Corporation Name

**BAGELS & BAGELS, INC.**

Principal Place of Business

Mailing Address

2200 WINTER SPRINGS BLVD STE III  
 OVIEDO FL 32765

2200 WINTER SPRINGS BLVD STE III  
 OVIEDO FL 32765



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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

860 E. SEHORAN BLVD  
 CASSELBERRY  
 FLORIDA  
 32707 SEMINOLE

4. Date Incorporated or Qualified To Do Business in Florida

10/30/2000

5. FEI Number

59-3682276

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
<del>D</del>	HOUK, CHARLES W	2200 WINTER SPRINGS BLVD STE III	OVIEDO FL 32765
<del>D</del>	Luigi A. F		900004741679--8 -12/28/01--01002--007 ****750.00 ****750.00
<del>D</del>	FERRARI, Luigi A.	2200 Winter Springs Blvd Suite III	OVIEDO, FL. 32765
<del>D</del>	FERRARI		
<del>D</del>	FERRARI, FRANCO	860 E. SEHORAN BLVD	CASSELBERRY, FL. 32707

8. Name and Address of Current Registered Agent

GARCIA, MARIO A  
 315 E ROBINSON STREET STE 100  
 ORLANDO FL 32801

9. Name and Address of New Registered Agent

Name  
 FRANCO FERRARI  
 Street Address (P.O. Box Number is Not Acceptable)  
 860 E. SEHORAN BLVD  
 Suite, Apt. #, Etc.  
 City  
 CASSELBERRY  
 State  
 FL  
 Zip Code  
 32707

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.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date 10-28-01

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:

Charles W. Houk Pres.  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-24-01 407-365-6498  
 Date Daytime Phone #

CRE040 (8/01)