

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 30 AM 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000063419

1. Corporation Name

JJAL BAGELS, INC.

Principal Place of Business

3310 DEL PRADO BLVD.
CAPE CORAL FL 33904

Mailing Address

3310 DEL PRADO BLVD.
CAPE CORAL FL 33904

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/26/2001

5. FEI Number

65-1118873

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	GIAMBALVO, JOSEPH	121 SE 32ND STREET	CAPE CORAL FL 33904
D	SCHALLER, ALLAN DELETE	3310 DEL PRADO BLVD.	CAPE CORAL FL 33904
D	SCHALLER, JENNIFER DELETE	3310 DEL PRADO BLVD.	CAPE CORAL FL 33904
			700024265457 10/30/03--01007--012 **150.00

8. Name and Address of Current Registered Agent

ESKIN, HAROLD S
1420 SE 47TH ST.
CAPE CORAL FL 33904

9. Name and Address of New Registered Agent

Name

JOSEPH GIAMBALVO

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

121 SE 32ND STREET

Suite, Apt. #, Etc.

City

CAPE CORAL

State

FL

Zip Code

33904

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
REGISTERED AGENT MUST SIGN

Date 10-17-03

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

10-17-03

Daytime Phone #

CR2E040 (7/03)