

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 JAN -8 PM 4:36

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P01000093451**

1. Corporation Name

DI SIENA BAGELS PIZZA DELI, INC.

Principal Place of Business

Mailing Address

49 PARKWAY DRIVE
 PALM COAST FL 32164

49 PARKWAY DRIVE
 PALM COAST FL 32164



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

09/19/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3753201

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSTD	DEREK, RICHARD S	49 PARKWAY DRIVE	PALM COAST FL 32164

300009955863
 01/08/03--01007--019 **308.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HANSON, BRIAN R
 57 W GRANADA BL
 ORMOND BEACH FL 32174

Name **Richard Derek**
 Street Address (P.O. Box Number is Not Acceptable)
49 Parkway Drive
 Suite, Apt. #, Etc.
 City **Palm Coast** State **FL** Zip Code **32164**

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]
 REGISTERED AGENT MUST SIGN

Date

12-3-02

BRIAN R. HANSON

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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-3-02

Daytime Phone #

Richard Derek

CPRE040 (8/02)

DiSiena Bagel Pizza Deli, inc.
49 Parkway Drive
Palm Coast FL 32137

Monday, January 6, 2003

Florida Dept of State
Division of corporations
Uniform Business Report Filings
PO Box 1500

Tallahassee, FL 32302-1500

Re Document P01000093451

Dear Mr Tower

Thank you for your response regarding my first letter, for the receiving of UBR Notices the only one I ever recieved was the the Notice of Administrative Dissolution or Revocation the previous Notice must have been to the registered agent which I never was made aware of.

Sincerely,

Richard Deseh