

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P01000105631**

1. Corporation Name

**N.Y. STYLE BAGEL OUTLET & DELI INC.**

Principal Place of Business

**33855 US 19 N  
PALM HARBOR FL 34684**

Mailing Address

**33855 US 19 N  
PALM HARBOR FL 34684**

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

**10/31/2001**

5. FEI Number

**59-2341566**

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
D	SEPLOWE, ADAM	33855 US 19 N	PALM HARBOR FL 34684
D	SEPLOWE, INGRID R	33855 US 19 N	PALM HARBOR FL 34684

8. Name and Address of Current Registered Agent

**SEPLOWE, ADAM  
33855 US 19 N  
PALM HARBOR FL 34684**

9. Name and Address of New Registered Agent

Name

**SAME**

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**  
REGISTERED AGENT MUST SIGN

Date **10-31-02**

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

**ADAM SEPLOWE**

Date

Daytime Phone #

**10-31-02 787 7859297**

CR2E040 (8/02)

# N.Y. STYLE BAGEL OUTLET & DELI INC

33855 US 19N. PALM HARBOR FL 34684-2643

October 31, 2002

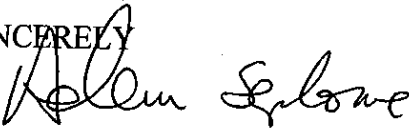
RE; REINSTATEMENT OF P01000105631

TO THE SECRETARY OF STATE

TO WHOME IT MAY CONCERN I AM WRITING THIS LETTER BECAUSE TO THE BEST OF MY KNOWLEDGE I DID NOT RECEIVE ANY NOTIFACATION THAT MY ANNUAL REPORT WAS DUE..

IAM REQUESTING THAT YOU PLEASE REINSTATE MY CORPORATION. I HAVE ENCLOSED THE APPLICATION AND REQUEST THAT MY CHECK FOR ONE HUNDRED AND FIFTY DOLLARS BE ACCEPTED. THIS WILL NEVER HAPPEN AGAIN.

SINCERELY



ADAM SEPLOWE  
REGISTERED AGENT & DIRECTOR  
N.Y. STYLE BAGEL OUTLET & DELI INC.