

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JUL 31 AM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000120799

1. Corporation Name

Willard's Famous Bagels, Inc. w07-19620
6560 N. State Road 7
Coconut Creek, FL 33073-3624

2. Principal Office Address - No P.O. Box #

6560 N. State Road 7

Suite, Apt. #, etc.

3. Mailing Office Address

6560 N. State Road 7

Suite, Apt. #, etc.

City & State

Coconut Creek, FL

Zip

33073

Country

USA

City & State

Coconut Creek, FL

Zip

33073

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/01/2001

5. FEI Number

02-0531098

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$375 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Virginia Theresa Burns

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

11191 SW 17th Manor

Suite, Apt. #, Etc.

City Davie

State FL

Zip Code 33324

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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]

Date

7/25/07

REGISTERED AGENT MUST SIGN

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
President	William Willard	7025 NW 87th Ave	Parkland, FL 33067
V	Virginia Theresa Burns	11191 SW 17th Manor	Davie, FL 33324

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05/24/07-01058-025 **1058.7

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 contained in Chapter 119, 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/17/07

Daytime Phone #

B. Mitchell JUL 31 2007