


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED
04 APR 23 AM 11:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000134878

1. Corporation Name

BAGELS GO ROUND CORP.

2. Principal Office Address

7410 W. BOYNTON BEACH BLVD.

Suite, Apt. #, etc.

City & State

BOYNTON BEACH, FL

Zip

33437

Country

US

3. Mailing Office Address

7410 W. BOYNTON BEACH BLVD.

Suite, Apt. #, etc.

City & State

BOYNTON BEACH, FL

Zip

33437

Country

PALM BEACH

4. Date Incorporated or Qualified

To Do Business in Florida 12/24/2002

5. FEI Number

05-0554748

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

KENNETH M. KALEEL, P.A.

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

555 No. Congress Ave.

Suite, Apt. #, Etc.

Suite 301

City

Boynton Beach

State

FL

Zip Code

33426

800035787238

05/07/04--01035--031 **908.75

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

REGISTERED AGENT MUST SIGN

Date

4-19-04

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
P/D	DAVID BABICH	7956 Ambleside Way	Lake Worth, FL 33467

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-19-04

Daytime Phone #

561-3648336

CR2E081 (01/04)