

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 DEC 13 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO4000058262

1. Corporation Name

J + J Bagels INC.

2. Principal Office Address

5302 SW Binini Circle

Suite, Apt. #, etc.

City & State

Palm City, FL

Zip

34990

Country

MAINTEN

3. Mailing Office Address

5302 SW Binini Circle

Suite, Apt. #, etc.

City & State

Palm City, FL

Zip

34990

Country

MAINTEN

4. Date Incorporated or Qualified
To Do Business in Florida

5-4-04

5. FEI Number

562452170

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 05-06

7. Name and Address of Current Registered Agent

Name

JASON DeVITO

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

5302 SW Binini Circle

Suite, Apt. #, Etc.

City

Palm City

State

FL

Zip Code

34990

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

12-11-06

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
<u>President</u>	<u>JASON DeVITO</u>	<u>5302 SW Binini Circle</u>	
<u>Vice Pres.</u>	<u>Laura DeVITO</u>	<u>Palm City, FL</u> <u>34990</u>	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-11-06

Daytime Phone #

772 631 4931

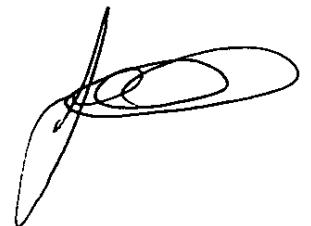
12-11-06

To whom it MAY concern:

I Jason DeVito owner of
J & J Bagels Inc. did not
receive a reinstatement letter
last year due to the fact that
I had storm damage from Wilma
& was closed for 6 months.

It is my understanding
that your department will waive
the \$ 600.00 reinstatement fee.

Thankyou

A stylized handwritten signature, possibly reading "J. DeVito", written in black ink.