

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAY 15 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000074967

1. Corporation Name

Palm Beach Bagel Bakery & Restaurant

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

9858 Clint Moore Rd.

3. Mailing Office Address

9858 Clint Moore Rd.

Suite, Apt. #, etc.

#C122

Suite, Apt. #, etc.

#C122

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

33496

Country

PB

Zip

33496

Country

PB

4. Date Incorporated or Qualified
To Do Business in Florida

5/0/04

5. FEI Number

65-105-7094

☒ 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
Jill Goodman

Street Address (P.O. Box Number is Not Acceptable)
9858 Clint Moore Rd.

Suite, Apt. #, etc.
#C122

City
Boca Raton, FL

State
FL

Zip Code
33496

☒ 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

Jill Goodman
REGISTERED AGENT MUST SIGN

Date **5/10/07**

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	Jill Goodman	9858 Clint Moore Rd. #C122	Boca Raton, FL 33496
vp	Howard Goodman	9858 Clint Moore Rd. #C122	Boca Raton, FL 33496
+	Jill Goodman	9858 Clint Moore Rd. #C122	Boca Raton, FL 33496
S	Howard Goodman	9858 Clint Moore Rd. #C122	Boca Raton, FL 33496

500103284465
05/25/07-01015-005 \$900.00

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:

Jill Goodman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jill Goodman

Date

5/10/07

Daytime Phone #

(661) 445-5024