2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000080613

() Delete

DIPPOLITO, JASON

WANTAGH, FL 11793 US

874 BRENT DRIVE

Title:

Name:

Address:

City-St-Zip:

SD

FILED Jul 19, 2007 Secretary of State

Entity Nam	ie: BAGEL B	ROTHE	RS OF NEW YORK, IN	1C.			
Current Principal Place of Business:					New Principal Place of Business:		
7267 ANGEL FALLS COURT BOYNTON BEACH, FL 33437 US					10350 SW VILLAGE CTR. DR. PORT ST. LUCIE, FL 34987 US		
Current Mailing Address:					New Mailing Address:		
58 CANDEI SAYVILLE,		US			10350 SW VILLAGE (PORT ST. LUCIE, FL		US
FEI Number:		FEI Nu	mber Applied For (X)	FEI Nur	nber Not Applicable ()	Certifi	cate of Status Desired ()
Name and	Address of C	urrent F	Registered Agent:		Name and Address	of New Re	egistered Agent:
7267 ANGE BOYNTON	, FLORENCE EL FALLS COU BEACH, FL 3	JRT 33437	US	urpose o	f changing its registere	ed office o	r registered agent, or both,
in the State							
SIGNATUR	E: FLOREN						
	Electron	ic Signa	ture of Registered Age	ent			Date
			S., the corporation did no Ind Contribution ().	t receive t	he prior notice.		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P D () MILLER, SEAN 58 CANDEE AV SAYVILLE, NY				Title: Name: Address: City-St-Zip:	() Change	e () Addition
Title: Name: Address: City-St-Zip:	VP D () CARFINO, JOSI 57 LIVINGSTON DEER PARK, N	STREET	JS		Title: Name: Address: City-St-Zip:	() Change	e () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SD

DIPPOLITO, JASON

11146 WYNDHAM WAY

PORT ST. LUCIE, FL 34987 US

SIGNATURE: JASON DIPPOLITO SD 07/19/2007

(X) Change () Addition