

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONSDOCUMENT # **P 940000 29370**

1. Corporation Name

B &amp; S Donuts, Inc.

Principal Place of Business

5259 Selby Drive  
Ft. Myers, FL 33919

Mailing Address

Same

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

FILED

97 APR 25 AM 11:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 95-97

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified  
To Do Business in Florida

April 18, 1994

5. FEI Number

65-0597219

Applied For  
Not Applicable8. CERTIFICATE OF STATUS DESIRED ☒ \$975 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| 1. Title(s) | 2. Name of Officers and/or Directors | 3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4. City / State / Zip |
|-------------|--------------------------------------|----------------------------------------------------------------------------------------|-----------------------|
| D-S/T       | Sandra P. Hooper                     | 5259 Selby Drive                                                                       | Ft. Myers, FL 33919   |
| D-P         | Stanley Hooper                       | 5259 Selby Drive                                                                       | Ft. Myers, FL 33919   |
| D           | Wayne E. Rowlee                      | 30 Hardee Street                                                                       | LaBelle, FL 33935     |
|             |                                      |                                                                                        |                       |
|             |                                      |                                                                                        |                       |
|             |                                      |                                                                                        |                       |

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8. Name and Address of Current Registered Agent

William B. Koster  
3674 Cleveland Avenue  
Ft. Myers, FL 33901

9. Name and Address of New Registered Agent

Name

Wayne E. Rowlee

Street Address (P.O. Box Number, If Not Applicable)

30 Hardee Street

Suite, Apt. #, Etc.

City

LaBelle

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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0805, F.S.

Signature of  
Registered Agent

Wayne E. Rowlee

REGISTERED AGENT MUST SIGN

Date 4/24/97

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒(See other side for information  
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(b) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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

Wayne E. Rowlee

4/24/97

Date

941-675-1328

Telephone Number