

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #**

P94000059101

1. Corporation Name

Largo Donuts, Inc.

2. Principal Office Address

3515 E. Bay Drive

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Largo, FL 34641-1981

City & State

Zip

34641

Country

USA

Zip

Country

FILED

02-AUG-16 AM 11:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT** 01-02

4. Date Incorporated or Qualified  
To Do Business in Florida

8-8-94

5. FEI Number

59-3268152

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

Richard E. Torpy, Esquire

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

202 N. Harbor City Blvd.

Suite, Apt. #, Etc.

300

City

Melbourne,

State

FL

Zip Code

32935

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 8-15-02

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/T	Fernando Cafua	84 Castlemere Place	N. Andover, MA 01845
VP	Joanne McLaughlin	3660 E. Bay Drive #914	Largo, FL
C	Michael McLaughlin	3660 E. Bay Drive #914	Largo, FL
D	Anthony McLaughlin	3660 E. Bay Drive #914	Largo, FL
D	Katherine McLaughlin	3660 E. Bay Drive #914	Largo, FL
D	Georgia McLaughlin	3660 E. Bay Drive #914	Largo, FL

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

Richard E. Torpy, Attorney In Fact

Date

Daytime Phone #

8-15-02 321-255-2332

CR2E081 (9/01)