1082

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

# APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 JAN 13 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000005997

1. Corporation Name
HALF BAKED, INC.

Principal Place of Business / Mailing Address
750 U.S. 41 By Pass North
Venice, FL 34292

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

REINSTATEMENT 96-98

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip / Country

3. New Mailing Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida
1/24/95

5. FEI Number
65-0564247
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X]

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 | SANDOR, LINDA | 750 U.S. 41 By Pass North | Venice, Florida 34292 |
| | | | |
| | | | 800002398138--6 |
| | | | |
| | | | 1-13-98 |
| | | | |

8. Name and Address of Current Registered Agent
STEPHEN H. KURVIN, ESQ.
7 South Lime Avenue
Sarasota, FL 34237

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City / State: FL / Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Stephen H. Kurvin
REGISTERED AGENT MUST SIGN
Date: 1/9/98

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [ ] No [X]
(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)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) 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: Linda Sandor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 1/9/98
Daytime Phone #: (941) 483-4834

SEP. 08 '96 (SUN) 23:40 TEL 252

2092

THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 666498 82467A

AUTHORIZATION : Patricia Pruitt

COST LIMIT : $ ~~PPD~~ $158.75

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ORDER DATE : January 13, 1998

ORDER TIME : 9:59 AM

ORDER NO. : 666498-005

CUSTOMER NO: 82467A

CUSTOMER: Stephen H. Kurvin, Esq
Stephen H. Kurvin, Esquire
7 South Lime Avenue

Sarasota, FL 34237

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DOMESTIC FILINGS

NAME: HALF BAKED, INC.

XX___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY
XX_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Christopher Smith

EXAMINER'S INITIALS VB 1-13-98

RECEIVED
98 JAN 13 AM 10:48
DIVISION OF CORPORATION