PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

(1)

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

99 APR

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 NOV 10 PM 4:02

DOCUMENT # P95000014700

1. Corporation Name

MO'S BAGELS INC

Principal Place of Business

MO'S BAGELS
2780 NE 187 St
Miami FL 33180

Mailing Address

2780 NE 187 St
Miami FL 33180

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip | Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida: 02-22-1995

5. FEI Number: 65-0559393 ☑ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 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
PSID	HUSSIN MOHAMED	2780 NE 187 St Miami FL 33180	
VD	WEINSTEIN ROBERT	2780 NE 187 St 33180	

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****158.75 ****158.75

8. Name and Address of Current Registered Agent

MOHAMED HUSSIN
2780 NE 187 St
Miami FL 33180

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

CR2E081 (12/98)

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: Hussin Mo — Date: 10-26-1999

REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☑ (See other side for information on intangible tax.)

12. 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.

AD

SIGNATURE: HUSSIN MOHAMED — 10-26 — (305) 936-8555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

(2)

To Florida Department of State;

We have not recieved the forms, for the corporation paper to be renewed. We had called to request the forms, and we did recieve the forms on Oct. 25, 1999.

We are very sorry to file late, and we understand it will be no penalty, for the first time. It will be one time only. On the future it will be handled properly.

Thank you;

10-26-1999