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FLORIDA DEPARTMENT OF STATE				APPROVED IOFZ	
CAP CONTINUE OF A	FLORIDA DEPART Sandra B.	•		HE!!	
LA A HEPSKIPS	Secretary		00 400 6	n Abrican	
1 19 98	DIVISION OF CO	DRPORATIONS	Ap vog S	26 ANTH: 25	
DOCUMENT # DOC	nntn22414	AT	SECRETA	RY OF STATE	
1. Corporation Name		100 H	- TALLAHAS	RY O F STATE SSE, FLORIDA	
BRENDY'S YOUR	ET Les CREAM)c.		
)()()((((5		
Principal Place of Business	Mailing Address	/U.Y.			
	23313 SW 4	IST AVE	-		
	BOCA RATON, FL		DO NOT WRITE IN THIS SP ACE		
	3	3428	3. Date Incorporated or Qualified		
2. Principal Place of Business	2a. Mading Adoress	4 . C= A	4. FEI Number	Applied For	
21 9101 LAKERIDGE E Suile, Apt #, elc.	26 23313 Sh) 61" Av	65-0568263	Not Applicable	
Suite, Apt. #, etc.	27 Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	CA . C C	,, FL	6. Election Campaign Financing	\$5.00 May Be	
23 BOCA KATON, FLE	PRIDA 28 BOLA KATE	Country	Trust Fund Contribution B. This corporation owes or has paid the	Added to Fees	
24 33434 25 USF		o Usf	Personal Property Tax due June 30.	Yes No	
9. Name and Address of	of Current Registered Agent	81 Namo	10. Name and Address of New Registe	red Agent	
4		1 1	WAHID MAHMOOD		
		82 Street	Address (P.O. Box Number is Not Acceptable)	Ave.	
•		83			
		84 City	Bara Ramil	FL 85 Zip Code	
11. Pursuant to the proviser's of Section	607.0502 yld 607.1508, Florida Statutes	, the above-named			
office or registered a yent for both. A sagent I am fare liar with a lind accept to			corporation submits this statement for the purpos oration's board of directors. I hereby accept the	appointment as registered	
SIGNATURI Signature Spice reported the control	gistered agent and treed apple and. INOTE F	> MAHMOOD Togistered Agent signature	Colored wear reinstating) DA	<i>'-5</i> -98	
	ERS AND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS		
NAME	L Octob	1.1 TITLE 1.2 NAME	MASSIDANT / DIRECTOR	Change Addition	
STREET ADDRESS		13 STREET ADDRESS	23313 SW 61 ST AVE.	l S	
City-St-Zif	DUCTE	1.4 CiTY+ST+ZIP	BOCA RATON, FL 33	428 S	
TOLE NAME	☐ DELETE	2.1 TITLE 2.2 NAME		LJ Change LJ Addition C	
STREET ADORESS		2 3 STHEET ADDRESS			
CHY-ST ZiP	Dougle	2. 4 CHTY- ST-7IP			
TIFLE	☐ DILETE	3.1 111LF 3.2 NAME	90000262	Addition	
STREET ALIGNESS		3.3 STREET ADDRESS	-08/25/98 ****323	01022003 75 ****323.75	
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CITY ST 76°	T INVEST	5.4 Ci3 Y - S1 - 7iP		A	
TITLE:	DEFETE	6.1 TITLE G.2 NAME	, W	Change Addition	
STREE ACCIOSS -		63 STRLLT ADDRESS	\bigvee	XNY VIO	
CITY-ST 7/P	realised and this films since and and C. C.	5.4 CiTY - \$1 - ZiP	d in Caston 130 07/0V)). Florida Caston	U	
indicated on this auritual report or supp	y'emental armual report is true and aecura	ate and that my sig	d in Section 139.07(3)(i), Florida Statutes. I furthe nature shall have the same legal effect as if made required by Chapter 607, Florida Statutes: and th	e und er oath: that I am an	
Block 12 or Block 13 if changed, or o	an attachment with an address	_	, ,	iactory trainer appears of	
SIGNATURE: WASK	Smarphenel,	Paes	IDENT 7-5-98	561-995-1070	
SIGNATURE AND	TYPED OR PRINTED NAME OF SIGNING OFFICER OF	DIRECTOR	್ರಾಂ ಪಾರ್ವಹಣ್ಣ ಎಲ್ಲಾ ಬಿ. ಪ್ರಾಥಾವಿತ್ ಎಲ್ಲಾ ಮಿ	Dayterio Chick of I	

BRENDY'S ICE CREAM, INC.
6971 N FEDERAL HIGHWAY, #402
BOCA RATON, FLORIDA 33487

JUNE 30, 1998

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS PO BOX 6327
TALLAHASSEE, FL 32314

RE; BRENDY'S ICE CREAM, INC.
65-0495200
BRENDY'S YOGURT & ICE CREAM II, INC.
65-0568263

DEAR SIR OR MADAM;

ENCLOSED PLEASE FIND AN APPLICATION FOR REINSTATEMENT AND THE ORIGINAL FILING OF THE 1997 & 1998 ANNUAL REPORT FOR THE ABOVE COMPANIES ALONG WITH THE RELATED CHECKS FOR THEIR RESPECTIVE FILING FEES. IN PRIOR YEARS WE HAVE SUBMITTED OUR ANNUAL REPORTS IN A TIMELY FASHION. THESE REPORTS ARE DELINQUENT AS A RESULT OF OUR NON RECEIPT OF THE FORMS FROM YOUR OFFICE WHICH IN THE PAST HAS TRIGGERED OUR RESPONSE AND FILING. COMPLICATING THIS MATTER, MY WIFE AND I HAVE HAD TREMENDOUS PERSONAL PROBLEMS IN THE PAST YEAR WHICH TOOK OUR FOCUS OFF OF MANY OF THE ADMINISTR-ATIVE RESPONSIBILITIES OF OUR BUSINESS. SPECIFICALLY, MY WIFE TOOK ILL THE HOLIDAY SEASON OF 1996 WITH SEVERE INTERNAL BLEEDING REQUIRING 6 PINTS OF BLOOD. SHE ALMOST DIED. SUBSEQUENTLY, SHE REQUIRED A HYSTERECHTOMY WHICH SHE, IN HER RECOVERY, ENDED UP WITH MASSIVE INFECTION IN HER LOWER GASTRO INTESTINAL AREA. AFTER MONTHS AND MONTHS OF FIGHTING INFECTION, SHE PULLED THROUGH. HOWEVER, DURING THIS TIME, I HAD TO FOCUS ON HER DAILY MEDICAL AND PERSONAL NEEDS, AND CARE FOR OUR TWO INFANT CHILDREN.

I HOPE YOU CAN UNDERSTAND THE TRAUMA AND STRESS THAT WE HAVE BEEN THROUGH IN THE PAST YEAR. POSSIBLY, IF WE HAD RECEIVED THE ORIGINAL REPORT, WE WOULD HAVE FILED TIMELY. WE FILE NOW WITH THE HOPE THAT YOU WILL HAVE COMPASSION AND THEREBY ABATE ANY LATE PENALTIES. WE DON'T HAVE ALOT OF MONEY.

THANK

COOMHAM CIHAW

PRESIDENT