PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLISATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000052257

1. Corporation Name

BAYHILL BAGELS, INC.

Principal Place of Business

7629 TURKEY LAKE ROAD

Mailing Address

7629 TURKEY LAKE ROAD

FIE

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

ORLANGO FL 32819		ORLANDO FL 32819							
If above addresses a	are incorrect in any way, line th	through incorrect	information and enter	r correction below.	REINS	TATEM	ENT_9	0	
2. New Principal Offic	ce Address, If Applicable		3. New Malling Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida Rechitos			
Suite, Apt. #, etc.		Suite, Apt. #	, etc.						
City & State		City & State			59-3322855 Not Applied For				
Zip	Country	Zip	Countr	īy	6.	E OF STATUS DESIRED	, i.,		
7. Names and Street	Addresses of Each Officer and	d/or Director (Flo					P S P S S S	NAWE WELL	
Title(s) Name of Officers and/or Directors 2			Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)			4	City / State / Zip		
ST Lisa Weil			8381 6		trus Chase Dr.		FC 32	2836	
					40	1020000 11/13/90		16 -013	
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						<u> </u>	311-6-0	10	
8. Name and Address of Current Registered Agent				Name	9. Name and /	Address of New Region	stored Agent	的是多数學是意识	
WEIL, LISA			1		No. 1	9. 沙里特	。		
8381 CITRUS CHASE DR Orlando Fl. 32838				Street Address (H	P.O. Box Number	is Not Acceptable)			
				Suite, Apt. #, Etc.					
			City	State FL.			de		
10. I, being appointed Signature of Registered Agent	the regimered agent of file ab	weil	ration, am familiar wi Fig. 12 () SENT MUST SIGN	ith and accept the ot	bligations of Secti	on 607.0505, F.S.		Carrent Way	
11. Does this Dept. of I	s corporation pay a Revenue under S.	any intanç . 199.032,	jible tax to th	e utes. Yes	E-No □	See o	ther side for infor on intangible tax.	mation	

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 filling 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 affect as if made under oath.

SIGNATURE: