

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB 25 AM 11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000067460

1. Corporation Name

ARROWHEAD BAGEL, INC.

2. Principal Office Address

10057 Sunset Strip

Suite, Apt. #, etc.

City & State

Sunrise, FL

Zip

33322

Country

USA

3. Mailing Office Address

10057 Sunset Strip

Suite, Apt. #, etc.

City & State

Sunrise, FL

Zip

33322

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

8/29/1995

5. FEI Number

65-0613048

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$9.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 00-09

7. Name and Address of Current Registered Agent

Name

GARY SCHWARTZBERG

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

10057 Sunset Strip

Suite, Apt. #, Etc.

City

Sunrise

State

FL

Zip Code

33322

300029302503
02/24/04--01031--040 **1350.00

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**

Date

REGISTERED AGENT MUST SIGN

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
PSTD	Schwartzberg, Gary	10057 Sunset Strip	Sunrise, FL 33322

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

Gary Schwartzberg

Date

954-748-5077

Daytime Phone #

CR2E081 (01/04)