

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 MAY -3 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000041018

1. Corporation Name

BAGEL TREE, INC.

2. Principal Office Address

6580 W. ATLANTIC AVE.

Suite, Apt. #, etc.

City & State

Lake Worth, FL

Zip

33445

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5-14-96

5. FEI Number

65-0667413

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Arthur Levitz

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

6394 ROCK CREEK DRIVE

Suite, Apt. #, Etc.

City

Lake Worth

State

FL

Zip Code

33467

700004272037-8

05/21/01-01002-021

****300.00 ****300.00

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

Arthur Levitz

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)

Title

Name of
Officers and/or Directors

Street Address of Each
Officer and/or Director

City / State / Zip

P

Arthur Levitz

6394 ROCK CREEK DR.

Lake Worth FL 33467

V

Maryanne Levitz

6394 ROCK CREEK DR.

Lake Worth FL 33467

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 debts owed by the corporation have been paid and the names of individuals listed 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

Date

Daytime Phone #

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APRIL 30, 2001

DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

RE: BAGEL TREE, INC. 65-0667413

TO WHOM IT MAY CONCERN:

PLEASE FIND ENCLOSED THE RENEWAL UNIFORM BUSINESS REPORT FOR THE ABOVE MENTIONED CORPORATION. ALSO, PLEASE FIND ENCLOSED THE RE-INSTATEMENT FORM FOR THE ABOVE MENTIONED CORPORATION. PLEASE BE ADVISED THAT I NEVER RECEIVED THE FORM FOR 2000. WE MOVED LAST YEAR AND I BELIEVE THAT THE FORM WAS INADVERTANTLY SENT TO THE WRONG ADDRESS. WE ARE RESPECTFULLY REQUESTING ABATEMENT OF ANY PENALTIES AND INTEREST AND ARE ENCLOSING A CHECK FOR \$300, WHICH WILL COVER YEAR 2000 AND YEAR 2001.

THANK YOU FOR YOUR COOPERATION AND UNDERSTANDING IN THIS MATTER.

SINCERELY,

ARTHUR LEVITZ, PRESIDENT