

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 MAY 16 PM 12:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000052262

**1. Corporation Name**

A.M.A. Pretzels II, Inc.

**2. Principal Office Address**

6000 Glades Road

Suite, Apt. #, etc.

Suite 106

City & State

Boca Raton, FL

Zip

33431

Country

USA

**3. Mailing Office Address**

630 Old Country Road

Suite, Apt. #, etc.

City & State

Garden City, NY

Zip

11530

Country

USA

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

6/17/96

**5. FFL Number**

65-0684415

☒ Applied For

☐ Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒

\$8.75 Additional Fee required  
for a Certificate of Status

CR2E081 (12/05)

**7. Name and Address of Current Registered Agent**

Name

Daniel Margolis

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

15937 Brier Creek Drive

Suite, Apt. #, Etc.

City

Delray Beach,

State

FL

Zip Code

33446

**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

*Daniel Margolis*

Date 5/16/06

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
Pres	Daniel Margolis	15937 Brier Creek Drive	Delray Beach, FL 33446
Sec	Carol Margolis	15937 Brier Creek Drive	Delray Beach, FL 33446

**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 contained in Chapter 119, 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:

*Daniel Margolis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/16/06

Date

516-739-8200

Daytime Phone #