

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 18 PM 2:27

DOCUMENT # **P96000055212**

1. Corporation Name

GOURMET BAGEL AND COFFEE, INC.

Principal Place of Business

5685 PARK ST N
SAINT PETERSBURG FL 33709

Mailing Address

5685 PARK ST N
SAINT PETERSBURG FL 33709

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

11873 34th St. N.
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

06/27/1996

5. FEI Number

59-3425542

Applied For

Not Applicable

City & State

St. Petersburg FL

City & State

Zip

33710

Country

Pinellas

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PS	CLARKE, BRYAN	8989 59TH ST N	PINELLAS PARK FL
VPT	FITZPATRICK, MICHAEL T	61 JOHN EWER RD	SANDWICH MA

800004659328--3
-10/30/01--01061--020
****750.00 ****750.00

10/15/01

8. Name and Address of Current Registered Agent

CLARKE, BRYAN
8989 59TH ST. N.
PINELLAS PARK FL 34666

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Bryan Clarke
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date *10/15/01*

11. 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:

Bryan Clarke
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/15/01

Daytime Phone #

727-451-5113

CP2E040 (8/01)