

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 17 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03

DOCUMENT # **P97000032109**

1. Corporation Name

MITCHELL'S FAVORITE MUFFIN, INC.

Principal Place of Business

Mailing Address

11401 PINES BLVD
PEMBROKE PINES FL 33026
US

11401 PINES BLVD
STE 228
PEMBROKE PINES FL 33026
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/09/1997

5. FEI Number

65-0784921

Applied For

Not Applicable

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
P	MITCHELL, WILLIAM D	11682 N.W. 20TH DRIVE	CORAL SPRINGS FL 33071
VP	MITCHELL, CHRISTOPHER S	142 PASADENA PLACE	PEMBROKE PINES FL 33026

900023910029
10/17/03--01072--005 **\$8.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MITCHELL, WILLIAM D
11682 N.W. 20TH DRIVE
CORAL SPRINGS FL 33071

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-10-03

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:

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

10-10-03 (851)432-4858

Date

Daytime Phone #

CR2E040 (7/03)

My Favorite Muffin

11401 Pines Blvd
#228
Pembroke Pines, FL 33026
Ph. (954) 432-4858
Fax (954) 432-4473

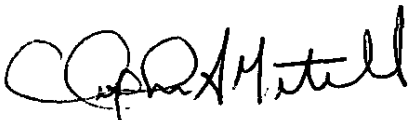
October 13, 2003

Uniform Business Report
Division of Corporations
P.O. Box-1500
Tallahassee, FL 32302-1500

To whom it may concern:

We did not receive any prior 2003 Uniform Business Report notices. It would be greatly appreciated if any late fees could be waived.

Sincerely,

A handwritten signature in black ink, appearing to read "C. Mitchell", written over a horizontal line.

Christopher S. Mitchell
Proprietor