

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

98 DEC -4 PM 3: 39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000032260

1. Corporation Name

DOWNTOWN BAGELS, INC.

Principal Place of Business

Mailing Address

~~2394 S.W. DEEPWOOD PASS~~  
~~PALM CITY FL 34990~~

2994 S.W. DEEPWOOD PASS  
PALM CITY FL 34990



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

2. New Principal Office Address, If Applicable

177 N. U.S. Hwy 1

Suite, Apt. #, etc.

Suite 181

City & State

Tequesta, Florida

Zip

33469

Country

3. New Mailing Office Address, If Applicable

177 N. U.S. Hwy 1

Suite, Apt. #, etc.

Suite 181

City & State

Tequesta, Florida

Zip

33469

Country

4. Date Incorporated or Qualified  
To Do Business In Florida

04/09/1997

5. FEI Number

650765265

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
D	ARNOLD, STEVEN B	<del>2394 S.W. DEEPWOOD PASS</del>	<del>PALM CITY FL 34990</del>
D	Arnold, Steven B	177 N. U.S. Hwy 1 Suite 181	Tequesta, FL 33469

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ARNOLD, STEVEN B

~~2394 S.W. DEEPWOOD PASS~~

~~PALM CITY FL 34990~~

Name

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

177 N. U.S. Hwy 1

Suite, Apt. #, Etc.

Suite 181

City

Tequesta

State

FL

Zip Code

33469

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

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date

11/23/98

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☒

No ☐

(See other side for information  
on intangible tax.)

12. 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)(f), 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

Date

11/23/98 (561)743-9488

Daytime Phone #

CR2E040 (9/99)