

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **PA7000078370**

1. Corporation Name

ST. PETE BAGELS ACQUISITION CORP.

Principal Place of Business

Mailing Address

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

REINSTATEMENT 98

2. New Principal Office Address, If Applicable

3244 44TH AVENUE NORTH

Suite, Apt. #, etc.

City & State

ST. PETERSBURG, FLORIDA

Zip

33714

Country

3. New Mailing Office Address, If Applicable

3244 44TH AVENUE NORTH

Suite, Apt. #, etc.

City & State

ST. PETERSBURG, FLORIDA

Zip

33714

Country

4. Date Incorporated or Qualified
To Do Business in Florida

September 10, 1997

5. FEI Number

65-0784970

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DIP TKS	KURT CUCCARO	3244 44TH AVENUE NORTH	ST. PETERSBURG, FLORIDA 33714

00002683347--8
-11/03/98-01038-004
*****750.00 ***750.00**

8. Name and Address of Current Registered Agent

CT CORPORATIONS SYSTEMS
1200 SOUTH PINE ISLAND ROAD
PLANATION, FLORIDA 33324

9. Name and Address of New Registered Agent

Name **KURT CUCCARO**
Street Address (P.O. Box Number is Not Acceptable)
3244 44TH AVENUE NORTH
Suite, Apt. #, Etc.
City **ST. PETERSBURG** State **FL** Zip Code **33714**

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]

REGISTERED AGENT MUST SIGN

Date **November 4, 1998**

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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

November 4, 98 (727) 528-4808
Date Daytime Phone #

CR2040 (1/98)