PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98 000004336

REINSTATEMENT 01-04

MRD

1. Corporation Name D + M BAGEL CORPORATION
21694 CLUB VILLA TERRACE
BOCA RATON, FL 33433

2. Principal Office Address 15074 WITNEY RD	**3.** Mailing Office Address 15074 WITNEY RD
Suite, Apt. #, etc. C 112	Suite, Apt. #, etc. C 112
City & State DELRAY BEACH, FL	City & State DELRAY BEACH, FL
Zip 33484 Country USA	Zip 33484 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 1/14/98

5. FEI Number 65-0808313   Applied For / Not Applicable

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

7. Name and Address of Current Registered Agent

Name MARC FRIEDMAN

Street Address (P.O. Box Number is Not Acceptable) 8634 NW 59 PLACE

Suite, Apt. #, Etc.

City PARKLAND, FL 33067   State FL   Zip Code 33067

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 _____   Date 11/29/04
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
PST	FRANCO MALZMAN	15074 WITNEY ROAD	BOCA RATON, FL 33433
			600049214696 12/06/04--01053--021 **1622.50

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 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: X Franco Malzman   11/29/04   561-638-1213
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #