

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT

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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

DOCUMENT # **P98000057817**

00 DEC -6 PM 2:37

1. Corporation Name

JO-ANN'S BOCA BUNS, INC.

Principal Place of Business 6909 S.W. 18TH STREET SUITE 101 BOCA RATON FL 33433	Mailing Address 6909 S.W. 18TH STREET SUITE 101 BOCA RATON FL 33433
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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	4. Date Incorporated or Qualified To Do Business in Florida 06/29/1998
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number 65-0847972
City & State	City & State	Applied For Not Applicable
Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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	4 City / State / Zip
DSTP	ST. PAUL, PETER <i>SD-UD-PUD</i>	6909 S.W. 18TH STREET SUITE 101	BOCA RATON FL 33433

700003500557--1
 -12/13/00--01110--013
 ***150.00 ***150.00

JS 12/11

8. Name and Address of Current Registered Agent ST. PAUL, PETER 6909 S.W. 18TH STREET SUITE 101 BOCA RATON FL 33433	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL
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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: *Peter St Paul* REGISTERED AGENT MUST SIGN Date: **11-1-00**

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: *KS Peter St Paul* REGISTERED AGENT MUST SIGN Date: **11-1-00** Daytime Phone #: **361-367-8501**

CR2E040 (8/00)

RE: License #:-----

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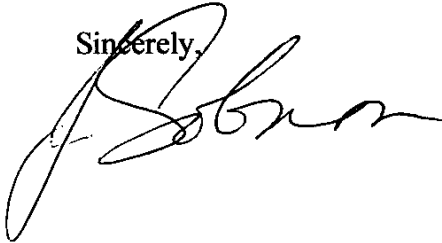
P98000057817

Per my discussion with one of your staff members, I have enclosed a check for \$150.00 for the renewal of my business license.

Unfortunately I never received the original renewal notice. After discussing this matter with your office, I was told to put my explanation in written form and forward it to you along with my check for the renewal fee.

If any further information is needed please do not hesitate to contact me.

Sincerely,

A handwritten signature in cursive script, appearing to read "J. Brown". The signature is written in black ink and is positioned below the word "Sincerely,".