

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAY 21 AM 3:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98070081276

1. Corporation Name
RAYGENE ENTERPRISE INC
D/B/A - Dunkin Donuts

2. Principal Office Address
741 CASSAT AVE

3. Mailing Office Address
741 CASSAT AVE

City & State
JACKSONVILLE, FLORIDA

City & State
JACKSONVILLE, FLORIDA

Zip Country
32205 U.S.A

Zip Country
32205 U.S.A

4. Date Incorporated or Qualified To Do Business in Florida
SEPT 1998

5. FEI Number
59-3539878

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

REINSTATEMENT 0304

7. Name and Address of Current Registered Agent

Name
RAYMOND M. AII

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

Suite, Apt. #, Etc.

City
JACKSONVILLE, FLORIDA

State
FL

Zip Code
32205

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
[Signature]

REGISTERED AGENT MUST SIGN

Date
4/20/04

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
<u>PRES</u>	<u>RAYMOND AII</u>	<u>741 CASSAT AVENUE</u>	<u>JACKSONVILLE FLA 32205</u>
<u>SEC</u>	<u>SAMSHAD AII</u>	<u>741 CASSAT AVENUE</u>	<u>JACKSONVILLE, FLA 32205</u>

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: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
4/20/04

Daytime Phone #
904-384-9960

CR2E081 (01/04)