

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 25 PM 12:17

DOCUMENT # P99000015291

1. Corporation Name

THE HOLE IN THE WALL BAGEL CO. INC.

Principal Place of Business

2037 NE 36TH ST
LIGHTHOUSE POINT FL 33064

Mailing Address

2037 NE 36TH ST
LIGHTHOUSE POINT FL 33064



REINSTATEMENT

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/15/1999

5. FEI Number

65-0895277

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	GUTTMAN, MELVIN D	8819 NW 26TH CT	CORAL SPRINGS FL 33065
D	GAMARRA, MARIA	2037 NE 36 ST.	LIGHTHOUSE PT, FL 33064

4000002463674-2
-11/15/00--01019--002
***750.00 ***750.00

8. Name and Address of Current Registered Agent

GUTTMAN, MELVIN D
8819 NW 26TH CT
CORAL SPRINGS FL

9. Name and Address of New Registered Agent

Name

GAMARRA, MARIA

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

2037 NE 36 STREET

Suite, Apt. #, Etc.

City

LIGHTHOUSE POINT

State

FL

Zip Code

33064

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

Maria Gamarra
REGISTERED AGENT MUST SIGN

Date

10/16/00

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:

MARIA GAMARRA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/16/00 (954) 781-6255
Daytime Phone #