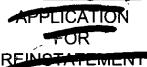
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.







FILED

00 FEB -3 AM 11: 25

SECRETARY OF STATE TALESPHASSEE, FLORIDA

DOCUMENT # \$29394

1. Corporation Name

DRIMOND BAGEL COMPANY

Principal Place of Business

Mailing Address

374 W GRANADA BLVD ORMOND BEACH FL 32174 374 W GRANADA BLVD ORMOND BEACH FL 32174

. I e e e e e e e e e e e e e e e e e e e		

If above addresses are incorrect in any way, line through incorrect 2. New Principal Office Address, If Applicable 3. New Mai Suite, Apt. #, etc. City & State City & State Zip Country Zip		lling Office Ad	ing Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida				
		t, etc.		5. FEI Numb	02/04/1991 5. FEI Number App				
				59-3050245		Not Applicable			
		Zip	Country		6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee requirements for a Certificate of Status				
'. Names	and Street Addresses of Each Officer at	nd/or Director (F	lorida nonprol	it corporations must list at l	east 3 directors)				
Title(s)	Name of Officers		Street Address of Each Officer and/or Director			City / State / Zip			
PVTS	MACHETTO JR, ALFRED G		301 SEM	INOLE DR		ORMOND BCH FL			
					50000313335 -02/11/00-0111		3557		
				;		****300.00	****150.00		
8. Name and Address of Current Registered Agent					Name and Address of New Registered Agent				
- \				Name			<u> </u>		
MACHETTO JR, ALFRED G				Street Address (P.O. Box Number is Not Acceptable)					
301 SEMINOLE DR ORMOND BCH FL 32174				Suite, Apt. #, Etc.					
				City		State FL	Zip Code		
10. I, bein Signature (Registered	Agent COCOCO STATE		etto E	DUIRED		ction 607.0505, F.S. Date//	99		

1. 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

SECULA MALE DE DESIGNADO OFFICER OR DIRECTOR

11/1/49

904.615.8909