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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION	
REINSTATEMEN	T



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

SECRETARY OF STATE DIVISION OF CORPORATIONS

03 AUG -7 AM 9:07

DOC	JMENT	#	S77674
		11	3//0/4

1. Corporation Name

BAGEL WORLD, INC.

2. Principal Office Address		3. Mailing Office Address			
5800 N.	Courtenay Pkwy.	5595 Eagle	e Way	· · ·	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
				4. Date Incorporated or Qualified To Do Business in Florida 09/03/1991	
City & State Merritt	Island, FL	City & State Merritt Is	sland, FL	5. FEI Number 59–3016797	Applied For Not Applicable
^{Zip} 32953	Country USA	Zip 32953	Country USA	6. CERTIFICATE OF STATUS DESIDED \$8.75	Additional Fee required Certificate of Status
		7. Name	and Address of Current F	Registered Agent	
Name	Teresa Parli <i>a</i> p	iano			
Street	t Address (P.O. Box Number is 5595 Eagle Way				
Suite:	Apt. #. Etc.				

R	I, being appointed the registered agent of the above named corpora	ition, am familiar v	with and accent the oblic	rations of section 607 05	S05 or 617 0503 F.S

Signature of Registered Agent

Merritt Island

REGISTERED AGENT MUST SIGN

08/06/03 Date

State

Zip Code

32953

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
P/T/D	Joseph Parlapiano	5595 Eagle Way	Merritt Island, FL 32953
VP/S	Teresa Parlapiano	5595 Eagle Way	Merritt Island, FL 32953
·		02-03	
			100022142931

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 filling 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 AND TYPED OR PRINTED NAMP OF SIGNING OFFICER OR DIRECTOR

Teresa Parlapiano

08/06/03

(321) 452-4525





ACCOUNT NO. : 072100000032

10690A

COST LIMIT : \$ 908.75

ORDER DATE: August 7, 2003

ORDER TIME : 2:49 PM

ORDER NO. : 197799-005

CUSTOMER NO: 10690A

CUSTOMER: Ms. Tonya L. Williams Watson, Soileau, Deleo,

3490 North U.s. Highway One

Cocoa, FL 32922

DOMESTIC FILINGS

NAME: BAGEL WORLD, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING-

CONTACT PERSON: Norma Hull

EXAMINER'S INITIALS _____