

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAY 22 AM 9:40

DOCUMENT # **V47117**

1. Corporation Name **University Blvd Donuts Inc.**
d.b.a.
Dunkin Donuts

2. Principal Office Address
4930 University Blvd. W.
Jacksonville, FL 32216

Suite, Apt. #, etc.

City & State

Jacksonville

Zip

32216

Country

USA

3. Mailing Office Address
4930 University Blvd. West
Jacksonville, FL 32216

Suite, Apt. #, etc.

City & State

FL

Zip

32216

Country

Deval

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3150765

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Richard C. Papa Jr.

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

3030 Hartley Road Suite 150

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32257

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

REGISTERED AGENT MUST SIGN

Date **5-14-01**

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
Pres.	Armanda Amaral	4930 University Blvd. W.	Jacksonville, FL 32216
V. Pres.	Octavio Martins	4930 University Blvd. W.	Jacksonville, FL 32216
Sec.	Manuel Amaral	4930 University Blvd. W.	Jacksonville, FL 32216
Trea.	Fernanda Martins	4930 University Blvd. W.	Jacksonville, FL 32216

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/15/01 9042497088

Daytime Phone #

CR2E081 (9/00)