

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 AUG 22 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V47117

1. Corporation Name

UNIVERSITY BOULEVARD DONUTS, INC.

Principal Place of Business

5150
4930 UNIVERSITY BLVD. WEST
JACKSONVILLE FL 32216

Mailing Address

5150
4930 UNIVERSITY BLVD. WEST
JACKSONVILLE FL 32216



REINSTATEMENT 02-03

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

06/25/1992

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. 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
P	AMARAL, ARMANDA	4930 UNIVERSITY BLVD. WEST	JACKSONVILLE FL 32216
VP	MARTINS, OCTAVIO	4930 UNIVERSITY BLVD. WEST	JACKSONVILLE FL 32216
S	AMARAL, MANUEL	4930 UNIVERSITY BLVD. WEST	JACKSONVILLE FL 32216
T	MARTINS, FERNANDA	4930 UNIVERSITY BLVD. WEST	JACKSONVILLE FL 32216

8. Name and Address of Current Registered Agent

PEPER, RICHARD C JR
3030 HARTEY ROAD
SUITE 150
JACKSONVILLE FL 32257

9. Name and Address of New Registered Agent

Name

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

8333 Peminster Park Blvd #662

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32216

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 8-15-03

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/23/03

Daytime Phone #

CR2E040 (8/02)