

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

97 NOV 12 PM 12:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # V48595**

1. Corporation Name

**MARY'S RETAIL DONUTS, INC.**

Principal Place of Business

13015 PARK BLVD  
SEMINOLE FL 34646  
US

Mailing Address

6455 BONNIE BAY CIRCLE NORTH  
PINELLAS PARK FL 34665



**REINSTATEMENT 97**

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

07/02/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10398 104th Ave. N. #174

5. FEI Number

59-3136573

Applied For

City & State

City & State

LARGO, FL

Not Applicable

Zip

Country

Zip

33773

Country

PINELLAS

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	HAYDON, KELLY J.	6732 DEER POND LANE	PINELLAS PARK FL
D	<del>CHERRY, MARY E.</del> FLOYD P. UONITES	<del>6732 DEER POND LANE</del> 10398 104TH AVE., N #174	<del>PINELLAS PARK FL</del> LARGO, FL 33773
D	LINDA C. UONITES	10398 104TH AVE., N #174	LARGO, FL 33773
			11/13/97--01078--018 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

HAYDON, KELLY J.  
6455 BONNIE BAY CIRCLE NORTH  
PINELLAS PARK FL 34665

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

Date 11/5/97

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. 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:

Linda C. Uonites

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/5/97

813 398 2848

Daytime Phone #

CR2E040 (8/97)