

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 DEC 23 PM 1:01

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **V14718**

1. Corporation Name

MISTER TWISTER PRETZELS, INC.



Principal Place of Business

Mailing Address

2706 HORSESHOE DR.
 STE 112
 NAPLES FL 33942
 US

2706 HORSESHOE DR.
 STE 112
 NAPLES FL 33942
 US

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

02/17/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

52-1817497

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

Zip

Country

Zip

Country

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
DST	JOHNSON, PATRICIA	2706 HORSESHOE DR STE 112	NAPLES FL
PD	JOHNSON, KEITH L.	2706 HORSESHOE DR STE 112	NAPLES FL

700002384377--7
 -12/29/97--01061--019
 ****750.00 ****750.00

REINSTATEMENT 97
 G. Alan
 12/23/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JOHNSON, KEITH L.
 940 31ST. ST. SW
 NAPLES FL 33964

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

(Signature)

REGISTERED AGENT MUST SIGN

Date

12/10/97

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:

(Signature)
 SIGNATURE AND TYPE D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/11/97

941-643-2075
 Daytime Phone #

CR25040 (8/97)