


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 01 OCT 25 PM 4:18

DOCUMENT # **P0000064777**

1. Corporation Name
3 GUYS FROM NY PIZZA INC.

Principal Place of Business Mailing Address

**2047 W PENSACOLA ST
 TALLAHASSEE FL 32304** **2047 W PENSACOLA ST
 TALLAHASSEE FL 32304**

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



REINSTATEMENT 01

2. New Principal Office Address, If Applicable
1814-2 W TENNESSEE ST

3. New Mailing Office Address, If Applicable
1010 SUNSET LN

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **TALLAHASSEE, FL** City & State **TALLAHASSEE, FL**

Zip **32304** Country **USA** Zip **32303** Country **USA**

4. Date Incorporated or Qualified To Do Business in Florida
07/05/2000

5. FEI Number
59 3656817

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres/	CHRIS VOLPE	1010 SUNSET LN TALLAHASSEE, FL 32303	
VP/	DEBRA VENTURA	1010 SUNSET LN TALLAHASSEE, FL 32303	
			700004679187--0 -11/14/01--01091--009 ****750.00 ****750.00
			DR 10/8

8. Name and Address of Current Registered Agent

**VOLPE, CHRIS
 1591 B STONE RD
 TALLAHASSEE FL 32303**

9. Name and Address of New Registered Agent

Name **VOLPE, CHRIS**

Street Address (P.O. Box Number is Not Acceptable)
1010 SUNSET LN

Suite, Apt. #, Etc.

City **TALLAHASSEE** State **FL** Zip Code **32303**

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 **Chris Volpe** Date **10/15/01**

SIGNATURE REQUIRED
 REGISTERED AGENT MUST SIGN

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: **Chris Volpe** Date **10/15/01** Daytime Phone # **(850) 513 9600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/01)