

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 16 AM 10:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P0000071854**

1. Corporation Name

**POP & SON, CORP.**

Principal Place of Business

Mailing Address

178 EGLIN PARKWAY  
FORT WALTON BEACH FL 32548

178 EGLIN PARKWAY  
FORT WALTON BEACH FL 32548

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



**REINSTATEMENT 03**

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

07/27/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3661035

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	4 City / State / Zip
P	URSPRUCH, WILLIAM F SR	230 W LORRAINE DR	MARY ESTHER FL 32569
VTS	URSPRUCH, WILLIAM F II	230 W LORRAINE DR	MARY ESTHER FL 32569

200023862492  
10/16/03--01084--013 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

URSPRUCH, WILLIAM F II  
230 WEST LORRAINE DRIVE  
MARY ESTHER FL 32569

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. or 617.0505, F.S.

Signature of  
Registered Agent

*[Handwritten Signature]*  
REGISTERED AGENT MUST SIGN

Date

10/14/03

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:

*[Handwritten Signature]* William Urspruch II 10/14/03 850-243-5535  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2EC040 (7/03)

***Bellissimo Pasta & Pizza***  
***/DBA/ POP & SON CORP.***

178 Eglin Parkway NE  
Fort Walton Beach FL  
32548

October 14, 2003

Division of Corporations  
Annual Report/Reinstatement Section  
PO Box 6327  
Tallahassee FL. 32314-6327

Dear Sir or Madam:

~~I would like the reinstatement fee to be wave. As I went on line when I received the first UBR notice way before the May 1, deadline.~~

I did not receive any other correspondent, until I received the "Notice of Dissolution". I again ask if you would please wave the reinstatement fee?

Sincerely,

A handwritten signature in black ink, appearing to read "W. Urspruch II" with a stylized flourish at the end.

William Urspruch II

Vice President