

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1022

APPLICATION FOR



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

FILED

01 DEC 21 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P0000073271

1. Corporation Name
CENTRAL PIZZA, INC.

Principal Place of Business
49 7280 4TH STREET NORTH
PINELLAS PARK FL 33781

Mailing Address
49 7280 4TH STREET NORTH
PINELLAS PARK FL 33781

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

2. New Principal Office Address, If Applicable
7280 49 St No

3. New Mailing Office Address, If Applicable
7280 49 St No

4. Date Incorporated or Qualified To Do Business in Florida
08/02/2000

City & State

5. FEI Number
59 3661606

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
PSTD	GASKIENE, DALIA	7280 4TH STREET NORTH	PINELLAS PARK FL 33781
PSTD	GIADIMINS VILKIALIS	7931 ELBOW LANE N	ST PETERSBURG FL 33710

03/21/01 90046 048 \$150.00

TS

8. Name and Address of Current Registered Agent
SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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 REQUIRED Date 11/20/01
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: Vilkiats Giadimins
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 11/20/01 Daytime Phone #

CR2E040 (8/01)

2052

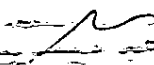
DO NOT REMOVE!

Division of corporations

Central Pizza, Inc

Enclosed is our completed Reinstatement application. We did not receive a notice in July for the missing signature on the form resent in March, 2001. It looks like our address is incorrectly listed which we have corrected. Please excuse the confusion and we appreciate you processing our report

Thank you


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