

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 SEP 24 AM 10:08

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P93000056442**

1. Corporation Name
Value Priced Pizza, Inc.

Principal Place of Business
**210 SW 2nd Ave.
 Gainesville, FL.
 32601**

Mailing Address
**2615 NW 22nd Terr.
 Gainesville, FL.
 32605**

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 8/11/93	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3197578	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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
P/D	Sandra Gillespie	2615 N.W. 22nd Terr.	Gainesville, FL-32605
			8000002304778--2 -09/26/97--01071--007 ****923.75 ****923.75

REINSTATEMENT 96-97

A. Alan
 9/24/97

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Sandra Gillespie 2615 NW 22nd Terr. Gainesville, FL. 32605		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 *Sandra Gillespie* Date **9/22/97**
 REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: *Sandra Gillespie* Date **9/22/97** (352) 371-3048
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CPRE040 (12/96)