


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

01 NOV 19 AM 10:11

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P99000083189**

1. Corporation Name
RLH PIZZA, INC.

Principal Place of Business Mailing Address

140 WSR 46 ~~2826 PARKLAND DRIVE~~
GENEVA FL 32732 ~~ORLANDO FL 32803~~

1404 Tusca Trail
Winter Springs, FL 32708



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

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

City & State City & State

Zip Country Zip Country

4. Date Incorporated or Qualified To Do Business in Florida **09/21/1999**

5. FEI Number **59-3602770** 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	HAHN, REBECCA L	1404 TUSCA TRAIL	WINTER SPRINGS FL 32708

100004706581--7
 -12/05/01--01072--011
 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

HAHN, REBECCA L
1404 TUSCA TRAIL
WINTER SPRINGS FL 32708

9. Name and Address of New Registered Agent


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  Date **11-13-01**

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:  **Rebecca Biggers** Date **11-13-01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR26040 (8/01)