

APPLICATION FOR REINSTATEMENT



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

FILED  
04 APR 28 AM 11:25

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P99000083189

1. Corporation Name

RLH PIZZA, INC.

Principal Place of Business

Mailing Address

140 WSH 48  
GENEVA FL 32732

1404 TUSCA TRAIL  
WINTER SPRINGS FL 32708



REINSTATEMENT 03-04

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09/21/1999	
City & State		City & State		5. FEI Number	
Zip		Zip		59-3602770	
Country		Country		Applied For	
		Orlando FL		Not Applicable	
		32828		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.75 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	BIGGERS, REBECCA	<del>1404 TUSCA TRAIL</del>	WINTER SPRINGS FL 32708
		252 Rapscaillon Court	Orlando, FL 32828

200034218648  
04/28/04--01006--006 \*\*300.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
BIGGERS, REBECCA 1404 TUSCA TRAIL WINTER SPRINGS FL 32708		Name Street Address (P.O. Box Number is Not Acceptable) 252 Rapscaillon Court Suite, Apt. #, Etc. City Orlando State FL Zip Code 32828	

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: [Signature] Date: 4-21-4  
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: [Signature] Date: 4/21/4 Daytime Phone #: 321-947-5111  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR