

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 317900

1. Corporation Name

ALMA'S PIZZA & ITALIAN REST, INC.

Principal Place of Business

Mailing Address

306 NORTH ORLANDO AVE. SAME
COCOA BEACH, FL

32931

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

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)

Name of Officers
and/or Directors

Street Address of Each
Officer and/or Director

(Do NOT Use Post Office Box Numbers)

City / State / Zip

PST

TIMOTHY R. MORGAN

5805 NORTH BANANA RIVER DR. CAPE CANAVERAL, FL 32920

100002886211--7

05/25/99--01073--023

***1058.75 ***1058.75

8. Name and Address of Current Registered Agent

TIMOTHY R. MORGAN
5805 NORTH BANANA RIVER DR.
CAPE CANAVERAL, FL 32920

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

Timothy R. Morgan

REGISTERED AGENT MUST SIGN

Date

5-11-99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

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)(b), 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:

Timothy R. Morgan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-11-99

Date

Daytime Phone #

FILED

99 MAY 12 PM 4:13

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

97-299
780
5/12/99

4. Date Incorporated or Qualified
To Do Business in Florida

JUNE 19, 1967

5. FEI Number

59-1174150

Applied For

Not Applicable

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CERTIFICATE OF STATUS DESIRED

☒ \$8.75 Additional Fee required
for a Certificate of Status