

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 NOV 21 PM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

460321
Leonardo's Pizza by Slice
Inc.

000266776410
11/21/14--01031--002 **750.00

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #

3. Mailing Office Address

1245 W. University Ave.
Suite, Apt. #, etc.

Suite, Apt. #, etc.

Gainesville, FLA
City & State

City & State

32601
Zip

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Sandra J. Solomon

Street Address (P.O. Box Number is Not Acceptable)

3608 N.W. 94 Terr.

Suite, Apt. #, Etc.

Gainesville, FLA

City

State

FL

Zip Code

32653

REINSTATEMENT

-2014

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Sandra J. Solomon

Date

11/14/14

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Steven D. Solomon	32608 NW 94 Terr	Gainesville, FLA 32653
Sec/Treas.	Sandy Solomon	" " "	" " "

10. E-mail Address:

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Sandra J. Solomon

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/14/14

352-378-2000
Daytime Phone