

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 JAN 22 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

K56252

1. Corporation Name

Sal's Pizza, No. 4, Inc.

2. Principal Office Address

7491-C13 N. Federal Hwy

Suite, Apt. #, etc.

Suite 6

City & State

Boca Raton, Florida

Zip

33487

Country

Palm Beach

3. Mailing Office Address

10026 Spanish Isles Blvd.

Suite, Apt. #, etc.

B16 & B17

City & State

Boca Raton, Florida

Zip

33498

Country

Palm Beach

4. Date Incorporated or Qualified
To Do Business in Florida

12/30/1998

5. FEI Number

65-0102579

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

Caterina Pito

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

9676 Richmond Circle

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33434

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

Caterina Pito
REGISTERED AGENT MUST SIGN

Date

1/8/03

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
C	Caterina Pito	9676 Richmond Circle	Boca Raton, FL 33434
FrPTS	Frank Pito	9676 Richmond Circle	Boca Raton, FL 33434

10. 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:

Frank Pito

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/8/03

Daytime Phone #

CR2E081 (10/02)



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032
REFERENCE : 903022 100198A
AUTHORIZATION : *Patricia Pizito*
COST LIMIT : \$ 1058.75

ORDER DATE : January 22, 2003

ORDER TIME : 2:28 PM

ORDER NO. : 903022-005

CUSTOMER NO: 100198A

CUSTOMER: Henry M. Cooper, Esq
Fogel & Cohen Attorneys &
Suite 111
2500 N. Military Trail
Boca Raton, FL 33431

DOMESTIC FILINGS

NAME: SAL'S PIZZA, NO. 4, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea

EXAMINER'S INITIALS
JAN 22 PM 4:02
RECEIVED