

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 MAY -4 PM 4:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L 00000012449**

1. Limited Liability Company's Name

CENTRAL PIZZA + SUBS LLC

400180261264
05/04/10--01008--022 **416.25

CR2E041 (11/09)

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

7740 GIBALTAR COURT

3. Mailing Office Address

7740 GIBALTAR COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. PETERSBURG, FL

City & State

ST. PETERSBURG, FL

Zip

33709

Country

USA

Zip

33709

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

10/13/2000

6. FEI Number

593676308

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

KOSTANTINAS DIMA

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

7740 GIBALTAR COURT

Suite, Apt. #, Etc.

City

ST. PETERSBURG

State

FL

Zip Code

33709

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date **4-28-10**

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	DIMA, KONSTANTINAS	7740 GIBALTAR COURT	ST. PETERSBURG, FL 33710
MGR	DIMIENE, NIOLE	7740 GIBALTAR COURT	ST. PETERSBURG, FL 33710
			S. HAWKES
			MAY 07 2010
			EXAMINER

REINSTATEMENT
2008-10

11. E-mail Address:

(To be used for future annual report notifications)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

[Signature]

Date

4/28/10

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

KONSTANTINAS DIMA