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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**L02000034979**

FLORIDA DEPARTMENT OF STATE  
Glen E. Felt  
Secretary of State  
DIVISION OF CORPORATION

04 JAN -5 AM 11:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000034979

Name and Mailing Address

0013484 01 AT 0.292 \*\*AUTO T9 0 0615 33549-587027

FRANKIE'S PIZZA LLC

18427 STERLING SILVER CIR  
LUTZ FL 33549-5870



US

2. New Mailing Address

6166 GUNN HWY

City, State, Zip  
Tampa FL 33625

Principal Place of Business  
18427 STERLING SILVER CIR  
LUTZ FL 33549  
US

3. New Principal Place of Business Address

6166 GUNN HWY  
City, State, Zip  
Tampa FL 33625

4. State/Country of Formation  
FL

5. Date Organized or Qualified  
To Do Business in Florida 12/18/2002

6. FEI Number 27-0042890  
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

HERNANDEZ, FRANKLYN I JR.  
18427 STERLING SILVER CIR  
LUTZ FL 33549

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. 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 REQUIRED

Date 11-7-03

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	FRANKLYN I HERNANDEZ	18427 Sterling Silver	Lutz FL 33549
MGR	FRANKLYN I HERNANDEZ	7912 W. POCO HONTAS	Tampa FL 33615

REINSTATEMENT

2003

M THOMAS

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 REQUIRED

Date 11/1/03

Daytime Phone (#813) 265-8877

Typed or printed name of signing Managing Member/Manager

CR2E034 (7/03)