PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.								
FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State							10, 0	
DIVISION OF CORPORATIONS					FILED			
1. Corporation Name					D 02 NOV 14 PH 5:21			
MANATEES PIZZA, INC.						SECRETARY OF STATE TALLAHASSEE, FLORUS		
Principal Place of Business Mailing Address					_	TALLARAS:		
3941 TAM	IAMI TRAIL. UNIT 3135 ORDA FL 33950	3941 TAMIAMI TRAIL. UNIT 3135 PUNTA GORDA FL 33950						
If above addresses are incorrect in any way, line through incorrect information and enter correction below.								
	incipal Office Address, If Applicable	3. New Mailing Office Address, If Applicable			4. Date Incorp To Do Busi	orated or Qualified ness in Florida	06/13/1990	
Suite, Apt.		Suite, Apt. #, etc.			5. FEI Number 65-0203173 Applied For			
Zip	Country	Zip Country			6.		Not Applicable \$8.75 Additional Fee required	
7. Names	and Street Addresses of Each Officer and/	or Director (Flor				for a Certificate of Status		
Title(s)	Name of Officers S			et Address of Each	Address of Each			
D	BECK, JAMES J.	3507 PAUL PLACE				4 PUNTA GORDA FL		
	10002320121					<u> </u>		
					10003979171 11/14/0201010009 **150.00			
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						,		
8. Name and Address of Current Registered Agent Name					9. Name and Address of New Registered Agent			
BECK, JAMES J 3507 PAUL PLACE				Street Address (P.O. Box Number is Not Acceptable)				
PUNT/	A GORDA FL 33950	-		Suite, Apt. #, Etc.				
				City State 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. or 617.0505, F.S.								
Signature of Registered Agent								
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., 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: SAMATURE AND TYPED OR FEINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daytime Phone #								

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MANATEES PIZZA INC. 3941 TAMIAMI TRAIL--UNIT 3135 PUNTA GORDA, FLORIDA 33950 Phone: 941-639-4400 Fax: 941-639-2070



DATE: NOVEMBER 07, 2002

SIRS: I HAVE JUST BEEN DIVORCED IN JANUARY OF THIS YEAR AND HAVE BOUGHT OUT MY WIFES (LOIS BECK) HALF OF THE MANATEES PIZZA INC. BUSINESS. I HAVE SPENT THE YEAR GETTING THE CORPORATION STATUS ADDED TO SOME OF THE LICENSES THAT DID NOT SHOW US AS A CORPORATION EVEN THOUGH WE HAVE BEEN AN S CORPORATION FROM THE BEGINNING. I HAVE ALSO REPLACED MY WIFE AS REGISTERED AGENT FOR MANATEES PIZZA INC. 1 HAVE ENCLOSED THE DOCUMENTS ON THESE PROCEDURES.

I HAVE NEVER MISSED FILING THE CORPORATION ANNUAL REPORT/UNIFORM BUSINESS REPORT SINCE I HAVE BEEN IN BUSINESS BUT I HAVE NOT RECEIVED EITHER A FIRST OR SECOND NOTICE THIS YEAR.

I HAVE TALKED TO AN AGENT AT YOUR DEPARTMENT AND I AM SENDING IN THE APPLICATION FOR REINSTATEMENT ALONG WITH THE \$150.00 FEE AS YOUR AGENT INSTRUCTED ME TO DO.

THANK YOU IN ADVANCE

JAMES J. BECK (PRESIDENT)

ames . MANATEES PIZZA INC.