## 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

## SECRETARY OF STALE DIVISION OF CORPORATIONS **DOCUMENT # M04000002555** FLORIDA PIZZA VENTURES LLC 06 JUL 18 AH 10: 32 1526 LAGOVISTA BIVD. POLM HANDUR FL 34685 Principal Place of Business Mailing Address 1526 LOGGVISTALTTZ SPHITFORK-DRIVE 1-42-SPERFORK-DRIVE BIU OLDSMAR, FL 24877 PALM HARBOR <del>0£93MAR, FL - 346</del>77 34685 2. Principal Place of Business 2045 06262006 **REIN-LLC** CR2E101 (11/05) City & State City & State 4. FEI Number Applied For 20-1298026 Not Applicable Ζip Country Country \$5.00 Additional 5. Certificate of Status Desired us/ usa Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Dary Cornelius CORNELIUS, DARYL Acceptable) Street Address (P.O. Box Number is Not A 1772 SPLITFORK DRIVE OLDSMAR, FL 34677 Zip Code Clearwater 33765-3752 8. The above named entity ng its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Make check payable to FILE NOW!!! FEE IS \$100.00 Florida Department of State ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10. MGR TITLE Delete TITLE ☐ Addition ☐ Change JETTS, EUGENE JR NAME NAME 67177 MOUND ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STERLING HEIGHTS, MI 48310 CITY-ST-ZIP TITLE Mar ☐ Delete TITLE ☐ Change ☐ Addition Cornelius, Daryl 2045 Gulf to Bay Blud, SmiteC Chowafer, FL 33765-3752 NAME NAME 200077779542 07/20/06--01046--022 \*\*10 STREET ADDRESS STREET ADDRESS \*\*100.00 CITY-ST-ZIP CITY-ST-ZIE Mar TITLE ☐ Delete TETLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS 2730 Glynnis Court STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITI F ☐ Delete ☐ Change ■ Addition RECOTATEMENT OS-06 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effectors if made underloate, that I am a managing member or manager of the limited liability company or the receive or trustee emowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE BER, MANAGEN, OR AUTHORIZED REPRESENTATIVE AND TYPED OR PRINTED NAME OF SIG Date Daytime Phone #

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