

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M29591**

1. Corporation Name

LISA AND BROTHERS INC.

Principal Place of Business

3200 N. FEDERAL HWY.
SUITE 150
FT. LAUDERDALE FL 33306

Mailing Address

3200 N. FEDERAL HWY.
SUITE 150
FT. LAUDERDALE FL 33306

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/27/1986

5. FEI Number

59-2652906

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	RIVERA, NORBERTO J.	4820 NE 5TH TERRACE	FT. LAUDERDALE FL

800024458418
11/05/03--01067--008 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RIVERA, NORBERTO J.
3200 N FEDERAL HWY
#150
FT. LAUDERDALE FL 33306

Name

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

Suite, Apt. #, Etc.

City

State
FL

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

Date

REGISTERED AGENT MUST SIGN

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)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954 966 0590

FILED

03 NOV -5 AM 11:38

SECRETARY OF STATE
TALLAHASSEE FLORIDA

REINSTATEMENT

03

CR2E040 (7/03)

LISA AND BROTHERS, INC.
DBA COZZOLI'S PIZZA
PO BOX 39195
FT. LAUDERDALE, FL. 33339

October 20, 2003

Florida Department of Revenue
Division of Corporations
PO Box 6327
Tallahassee, Fl. 32314

Dear Sirs:

Re: Document # M29591

I am enclosing copies of previous correspondence regarding the above.

I am also enclosing a Notice of Administrative Dissolution that I just received in the mail.

Since receiving this notice I have verified with my bank that ck# 8769 in the amount of \$150.00 payable to Florida Department of State still remains unpaid. I am enclosing Ck# **8907** as a duplicate for #8769 with copy of UBR Report that I sent in July.

I would appreciate if you could correct this matter, and also CHANGE MY ADDRESS.

Thank you.

Very truly yours,



NORBERTO RIVERA, President
Lisa and Brothers, Inc.