


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

**CORPORATION**  
**REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE**  
**Katherine Harris**  
**Secretary of State**  
**DIVISION OF CORPORATIONS**

FILED

02 MAR 22 PM 4:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P000000044006

**1. Corporation Name**  
Priceless Pizza Inc. dba  
Dominos Pizza

**2. Principal Office Address**  
1638 NE 164 St  
Suite, Apt. #, etc.

**3. Mailing Office Address**  
9122 Griffin Rd  
Suite, Apt. #, etc.

**City & State**  
North Miami Beach, FL  
Cooper City FL

**Zip** 33162 **Country** Dade  
**Zip** 33328 **Country** Broward

**2001-2002 UBR**

**4. Date Incorporated or Qualified To Do Business in Florida** Aug 7, 2000

**5. FEI Number** 65-1004688  
Applied For  
Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐ \$8.75 Additional Fee required for a Certificate of Status

**7. Name and Address of Current Registered Agent**

**Name** Thomas Perry

**Street Address (P.O. Box Number is Not Acceptable)** 7750 Hood St

**Suite, Apt. #, Etc.**

**City** Hollywood **State** FL **Zip Code** 33024

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

**Signature of Registered Agent** Thomas Perry **Date** 3/20/02

**REGISTERED AGENT MUST SIGN**

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Thomas Perry	7750 Hood St	Hollywood, FL 33024
Vice	Salvatore Shields	8425 Valencia Village Ln	Orlando, FL 32825

**10. 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:** Thomas Perry **Date** 3/20/02 **Daytime Phone #** 305 945-3030

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

2052

March 20, 2002

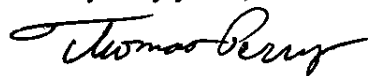
Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Priceless Pizza, Inc.  
Document No.: P00000044006

Dear Sir or Madam:

Enclosed please find an Application for Corporation Reinstatement and check in the amount of Three Hundred Dollars (\$300.00) for the above referenced corporation. It is my understanding that the corporation was administratively dissolved on September 21, 2001 for failure to file an Annual Report. I would request a waiver of the past due annual report and corporate supplemental fees due to my failure to receive the annual reports during the relevant time period. The corporate documents were never received as the corporation moved locations several times since the initial filing and the annual reports were not forwarded. As a result, the annual reports were not filed and it was only recently discovered that the corporation had, in fact, been administratively dissolved. Based on the foregoing, it is requested that the remaining fees be waived and the corporation be reinstated. Thank you for your consideration.

Very truly yours,



THOMAS PERRY