

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P00000054686**

1. Corporation Name

ANGELINA'S PIZZERIA & PASTA, INC.

Principal Place of Business

Mailing Address

3212 W. 23RD ST.
PANAMA CITY FL 32405

3212 W. 23RD ST.
PANAMA CITY FL 32405

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

05/31/2000

5. FEI Number

59-3663294

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PT	ETHRIDGE, JAN M	4005 E. HWY 30-A	SEAGROVE BCH FL 32459
VS	PALLOTTA, ALBERT M	4005 E. HWY. 30-A	SEAGROVE BCH FL 32459

4000004663614--4

-11/02/01--01016--003

****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FRANKLIN H. WATSON, P.A.
5365 E. HWY. 30-A, SUITE 105
SEAGROVE BCH FL 32459

Name **Brian K. Ethridge**

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

51 Lee Place

Suite, Apt. #, Etc.

Santa Rosa Beach

City

FLORIDA

State

Zip Code

FL

32459

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.

Signature of
Registered Agent

Brian K. Ethridge
REGISTERED AGENT MUST SIGN

Date **10-16-01**

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:

Jan M. Ethridge Jan M. Ethridge 10/16/01 850-231-2523
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED

01 OCT 18 PM 4:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 2001

CR2E040 (8/01)