

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P00000064777**

1. Corporation Name

3 GUYS FROM NY PIZZA INC.

Principal Place of Business

**2047 W PENSACOLA ST
TALLAHASSEE FL 32304**

Mailing Address

**2047 W PENSACOLA ST
TALLAHASSEE FL 32304**

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

2. New Principal Office Address, If Applicable

1814-2 W TENNESSEE ST

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL

Zip

32304

Country

USA

3. New Mailing Office Address, If Applicable

1010 SUNSET LN

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL

Zip

32303

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/05/2000

5. FEI Number

59 3656817

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	CHRIS VOLPE	1010 SUNSET LN TALLAHASSEE, FL 32303	
VP/ Sec	DEBRA VENTURA	1010 SUNSET LN TALLAHASSEE, FL 32303	

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******750.00 ****750.00**

DR 11/8

8. Name and Address of Current Registered Agent

**VOLPE, CHRIS
1591 B STONE RD
TALLAHASSEE FL 32303**

9. Name and Address of New Registered Agent

Name **VOLPE, CHRIS**
Street Address (P.O. Box Number is Not Acceptable)
1010 SUNSET LN
Suite, Apt. #, Etc.
City **TALLAHASSEE** State **FL** Zip Code **32303**

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/15/01

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:

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

10/15/01
Date

(850) 513 9600
Daytime Phone #

CR2040 (8/01)