

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 MAR 12 PM 12:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000065955

**1. Corporation Name**

RONDAO'S PIZZA INC.

**REINSTATEMENT 01-07**

CR2E081 (1/07)

**2. Principal Office Address - No P.O. Box #**

15320 MCGREGOR BLVD

**3. Mailing Office Address**

15320 MCGREGOR BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT MYERS FL

City & State

FT MYERS FL

Zip

33908

Country

U.S.A

Zip

33908

Country

U.S.A

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

06-1591631

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 LOUIE RONDAO

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

114 PLACID DR

Suite, Apt. #, Etc.

FT MYERS FL

City

FT MYERS

State

FL

Zip Code

33919

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

**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

Date

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
D	LOUIE RONDAO	114 PLACID DR	FT MYERS FL 33919
D	GINA RONDAO	114 PLACID DR	FT MYERS FL 33919

**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 contained in Chapter 119, 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:

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

Date

03/02/2007 237281-0325

Daytime Phone #

2/3/14