

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 22 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000084104

1. Corporation Name

BROOKSIDE PIZZERIA, INC.

Principal Place of Business

10641 WILES RD
CORAL SPRINGS FL 33076

Mailing Address

10641 WILES RD
CORAL SPRINGS FL 33076



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/06/2000

5. FEI Number

65-1037550

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
D	CASELLA, GARY	10641 WILES RD	CORAL SPRINGS FL 33076

100009173501
11/22/02--01074--005 **150.00

8. Name and Address of Current Registered Agent

CASELLA, GARY
10641 WILES RD
CORAL SPRINGS FL 33076

9. Name and Address of New Registered Agent

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

Handwritten Signature
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

Handwritten Date

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.

Handwritten Signature
Mirecca Popianos / Mirecca Popianos

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/28/02

Daytime Phone #

954-752-3700

CR2E040 (8/02)

BROOKSIDE PIZZERIA, INC
10641 WILES ROAD
CORAL SPRINGS, FL 33076

November 1, 2002

Division of Corporations
Annual Report
Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

Re: Document # P00000084104
EIN# 65-1037550

Dear Sirs:

As per your instructions enclosed please find a check for \$ 150.00 to cover the cost of the annual fee. Please be advised that we never received the first notification.

Thank you for your attention in this matter.

Sincerely,


Gary Casella