|   | ļ                                 | PLEASE READ                                | ALL INST  | RUCTIONS                              | BEFORE C                                     | OMPLET  | ING THIS FO         | DRM. ()             | 190/04          | า .                                   |
|---|-----------------------------------|--|---|---------------------------------------|--|---|---------------------|---------------------|-----------------|---------------------------------------|
| API   | PLICATI<br>FOR                    | ON   | FLORIDA   | DEPARTMEN Katherine Ha Secretary of S | rris   |   |                     | 1-1-1               |                 |                                       |
|   |                                   |  |   | VISION OF CORPORATIONS                |  | FILED   |                     |                     |                 |                                       |
| DOCUMENT # P00000109857                                   |                                   |  |   |                                       |  | 01 OCT 29 PM 3-22   |                     |                     |                 |                                       |
| NEW RIVER PIZZA, INC.                                     |                                   |  |   |                                       |  | SECRETARY OF STATE<br>TALLAHASSEE, FLORIDA                                  |                     |                     |                 |                                       |
| Principal P   | lace of Busines                   | es   | Mailing Addr  | ess                                   |  | _   |                     |                     |                 | 4                                     |
| 706 SOUTH FEDERAL HWY<br>FORT LAUDERDALE FL 33316         |                                   |  | 706 SOUTH FEDERAL HWY<br>FORT LAUDERDALE FL 33316                                     |                                       |  |   |                     |                     |                 |                                       |
| If above a  | addresses are i                   | ncorrect in any way, line thro             | ough incorrect in   | nformation and enter                  | correction below.                            |   |                     |                     |                 |                                       |
|   | ncipal Office A                   | ddress, If Applicable                      | 3. New Mailing Office Address, If Applicable<br>35165, W. 44-Ave. Suite, Apt. #, etc. |                                       |  | Date incorporated or Qualified     To Do Business in Florida     11/28/2000 |                     |                     |                 |                                       |
|   |                                   |  | City & State  |                                       | 5. FEI Numbe                                 |   |                     | Applied For         |                 |                                       |
| Zip Country   |                                   | Ff. Lauderdale<br>Zip Country<br>33315 Bra |   | apord                                 | 6.   | OF STATUS DESIRED   |                     | ional Fee required  |                 |                                       |
| 7. Names  | and Street Add                    | resses of Each Officer and/                |   |                                       |  | ast 3 directors)  |                     | <u> </u>            |                 | 1 2 3                                 |
| Title(s)  | Name of Officers and/or Directors |  |   |                                       | eet Address of Each<br>ficer and/or Director |   | 4                   | City / State / Zip  |                 |                                       |
| Poger Wilcox  |                                   |  |   | 2516 Sw 4th Au<br>Ft. Cauderdale, FL  |  |   | 1,545,5200          |                     |                 | # # # # # # # # # # # # # # # # # # # |
|   |                                   |  |   |                                       | •  |   | ` .                 |                     | ς               |                                       |
| ,   |                                   |  |   |                                       |  | 9000046850294   |                     |                     |                 |                                       |
|   |                                   |  |   |                                       | *  | •   | -11/15/U<br>****150 | 1U1U45-<br>.00 **** | -011<br>:150.00 |                                       |
|   |                                   |  |   |                                       |  | 70  | 50                  |                     | ,               |                                       |
|   |                                   |  |   |                                       |  | 1 88  |                     |                     | :               |                                       |
|   | 8. Name                           | and Address of Current F                   | Registered Age  | ent                                   |  | 9. Name and A   | Address of New Regi | stered Agent        | /               |                                       |
| I AVENI   | ned inei d                        | ESO.                                       |   |                                       | .Name  | · <del></del> '   |                     | ر- ه                |                 | 40 (8/01)                             |
| LAVENDER, JOEL R ESQ 507 SE 11TH COURT Street Address (P. |                                   |  |   |                                       |  | .O. Box Number is Not Acceptable)   |                     |                     |                 | CR2E040                               |
| FORT LAUDERDALE FL 33316 Suite, Apt. #, Etc.              |                                   |  |   |                                       |  |   |                     |                     |                 | 5                                     |
|   |                                   |  |   |                                       | City State Zip Code                          |   |                     |                     | ode             |                                       |
| 10. I, being  | appointed the                     | registered agent of the abo                | ve named corpo  | oration, am familiar wi               | ith and accept the o                         | bligations of Secti   | ion 607.0505, F.S.  |                     |                 |                                       |
| Signature o<br>Registered                                 | of<br>Agent                       | 1/1  |   |                                       | 111名11分                                      |   | Date                | 12401               |                 |                                       |
|   |                                   | RE   | GISTERED AG   | ENT MUST SIGN                         |  |   |                     | ,                   | _               | 1                                     |

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 filling 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.

Roseix WILCOX

15/04/01 954 524-820/

SIGNATURE:

pageant

## New River Pizza 706 S. Federal Highway Ft. Lauderdale, FL 33316

October 24, 2001

Division of Corporations Uniform Business Report Filing PO Box 1500 Tallahassee, FL 32302-1500

Re: New River Pizza, Inc.
Document No.: P00000109857

Dear Sir or Madam:

I have just received a notice of dissolution of my company New River Pizza, Inc.

This notice has taken me totally by surprise as to date, while we had formed a corporation in September of 2000 we were under construction at our location from February of 2001 until we opened on July 4, 2001.

In fact, we received our business license from the City of Ft. Lauderdale on June 29, 2001 a copy of which is enclosed.

I can only apologize for the lateness of this report, but with the construction and modification going on. I can state that I did not receive the notices that were sent regarding the filing.

I am enclosing per my conversation with Michelle in your department a check for \$150.00 filing fee and would appreciate your consideration in reinstating the Corporation based on the non-receipt of the notice.

Thank you in advance.

<del>ery Tr</del>uly Yours,

ger Wilcox, President