

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 26 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000010011

1. Corporation Name

NEW YORK'S GOLDEN PIZZA, INC.

Principal Place of Business

Mailing Address

~~14300 S.W. 33 STREET~~
~~MIAMI FL 33175~~

~~14300 S.W. 33 STREET~~
~~MIAMI FL 33175~~

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

2. New Principal Office Address, If Applicable

12 NE 1ST

3. New Mailing Office Address, If Applicable

12 NE 1ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, Florida

City & State

MIAMI, Florida

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/26/2001

5. FEI Number

65-1074434

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

P POCURULL, DAISY

14300 SW 33 ST
12 NE 1ST
MIAMI, Florida 33132

MIAMI FL 33175

V LEYVA, HUGO

14300 SW 33 ST
12 NE 1ST
MIAMI, Florida 33132

MIAMI FL 33175

400024478584
11/06/03--01034--015 **150.00

8. Name and Address of Current Registered Agent

CORDERO, ANA D
9485 SUNSET DRIVE ET
SUITE A-292
MIAMI FL 33173

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

REGISTERED AGENT MUST SIGN

Date Nov. 3, 2003

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

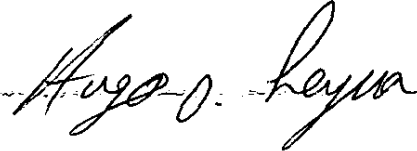
Daytime Phone #

CR2E040 (7/03)

To Whom it may concern:

I'm writing this letter to inform this office that I have never received a letter or a notice telling me or advising me of my corp papers being revoked or cancel. I have already send the 150.00 fee but would like for you guys to please waive the 600.00 for the corp renew process. Thank you for your understanding. If I would have received atleast a notice or reminder I would have paid the fee on time and not had to go through this. thank you again for your help...

hugo leyva

A handwritten signature in cursive script, reading "Hugo O. Leyva". The signature is written in dark ink and is positioned to the right of the typed name "hugo leyva".