

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

02 NOV 21 AM 9:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P01000018483

**1. Corporation Name**

PITA 1, INC.

900009148549  
11/21/02--01052--009 \*\*150.00

**2. Principal Office Address**

14014 PORTRUSH DRIVE

Suite, Apt. #, etc.

City & State

ORLANDO, FL.

Zip

32828

Country

ORANGE

**3. Mailing Office Address**

14014 PORTRUSH DRIVE

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32828

Country

ORANGE

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

FEBRUARY 19, 2001

**5. FEI Number**

65-1082907

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

**7. Name and Address of Current Registered Agent**

Name

MARK RAY

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

14014 PORTRUSH DRIVE

Suite, Apt. #, Etc.

City

ORLANDO, FL 32828

State  
FL

Zip Code  
32828

**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 (X)

REGISTERED AGENT MUST SIGN

Date \_\_\_\_\_

**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
PRES./ DIR	MARK RAY	14014 PORTRUSH DRIVE	ORLANDO, FL 32828

**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 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** (X)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NOVEMBER 11, 2002

Date

Daytime Phone #

**BERNARD KOPET, P.A.**

Accountant

601 NW 179th Avenue  
Suite #104  
Pembroke Pines, FL 33029

Broward: (954) 441-0403  
Fax: (954) 433-3872

NOVEMBER 11, 2002

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

RE: PITA 1, INC.  
DOCUMENT # P01000018483

DEAR SIR OR MADAM:

ENCLOSED IS A CORPORATE REINSTATEMENT FOR PITA 1, INC., FOR THE YEAR 2002.

REQUEST IS MADE TO ABATE ANY PENALTIES. THERE WAS NEVER ANY INTENTION NOT TO FILE. THE CORPORATION CHANGED ITS ADDRESS DURING THE YEAR AND THE 2002 UNIFORM BUSINESS REPORT (UBR) WAS NEVER FORWARDED TO THE NEW ADDRESS.

THE TIMELY FILING WAS MISSED BY BOTH MYSELF AND MY CLIENT. AGAIN I EMPHASIS THAT THERE WAS NEVER ANY INTENTION NOT TO FILE.

ENCLOSED IS THE FILING FEE OF \$150.00. REQUEST IS MADE TO ABATE ANY PENALTIES.

THANKING YOU IN ADVANCE FOR YOUR UNDERSTANDING AND COOPERATION.

VERY TRULY YOURS,



BERNARD KOPET, P.A.