

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY 13 PM 5:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000038498

1. Corporation Name

MIAMI BEACH PIZZA, INC.

2. Principal Office Address

247 71ST STREET

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

MIAMI BEACH

City & State

Zip

FL

Country

33141

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-1092680

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 0204

7. Name and Address of Current Registered Agent

Name

LUIS URRRA

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

247 71 STREET

Suite, Apt. #, Etc.

City

MIAMI BEACH

State

FL

Zip Code

33141

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 *[Signature]*

Date

5/7/04

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
P	LUIS URRRA	247 71 STREET	MIAMI BEACH FL 33141

900037293099
05/25/04--01052--017 **450.00

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/7/04

Date

Daytime Phone #

CR2E081 (01/04)

83

NATP MEMBER

MFR & Associates

ACCOUNTANTS & CONSULTANTS

AICPA MEMBER

210 71ST STREET SUITE 313
MIAMI BEACH, FL 33141

TELEPHONE: (305) 864-7706
FACSIMILE: (305) 864-7960

May 5, 2004

FL Dept. of State
Fl. Div. Of Corp.

RE: **Miami Beach Pizza Inc.**
Doc # P01000038498

Dear Sir or Madam:

I am writing to you on behalf of **Miami Beach Pizza Inc.** to request a waiver of penalties associated with the reinstatement of this corporation. This request is based on the fact that this entity, our office or their attorney did not receive a preprinted form from the State.

Enclosed please find a copy of the form for the year 2004, we obtained from the internet and a check for \$450.00.

Please apply this check to the years 2002, 2003 and 2004.

The company has made a good faith effort to meet the state's filing requirements.

I thank you very much in advance for your help,

Sincerely,



Manuel Fernandez
Tax Advisor