

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Oct 20, 2004 8:00 A.M.**  
**Secretary of State**

**DOCUMENT #** P01000038698

**1. Corporation Name**

PAPA D'S, INC.

230 Lookout Place  
230 Lookout Place

**2. Principal Office Address**  
230 Lookout Place

**3. Mailing Office Address**  
230 Lookout Place

Suite, Apt. #, etc.  
Suite 200

Suite, Apt. #, etc.  
Suite 200

City & State  
Maitland

City & State  
Maitland

Zip  
32751

Country

Zip  
32751

Country

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

**5. FEI Number**  
59-3709934

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

Name  
Dennis Weaver

500041938145  
10/18/04--01057--024 \*\*1010.00

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

Suite, Apt. #, Etc.  
Suite 200

City  
Maitland

State  
FL

Zip Code  
32751

**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

*Dennis Weaver*  
REGISTERED AGENT MUST SIGN

Date 10-12-04

**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, S, T, E	Dennis Weaver	230 Lookout Place, Ste. 200	Maitland, FL 32751

**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:**

*Dennis Weaver*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-12-04  
Date

407-327-8943  
Daytime Phone #

CR2E081 (01/04)