

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2007 JUL 31 AM 7:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P01000042132

**1. Corporation Name**

IMPERIAL PIZZA INC

**2. Principal Office Address - No P.O. Box #**

4491 LUBEC AV

Suite, Apt. #, etc.

City & State

North Port FL

Zip

34287

Country

USA

**3. Mailing Office Address**

13001 Tamiami Trl

Suite, Apt. #, etc.

City & State

North Port FL

Zip

34287

Country

USA

**REINSTATEMENT**

CR2E081 (1/07)

03-07

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

04/25/01

**5. FEI Number**

01-0727404

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

MOLLY A. Tagtow

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

4491 LUBEC AV

Suite, Apt. #, Etc.

City

North Port

State

FL

Zip Code

34287

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

**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

Molly Tagtow

REGISTERED AGENT MUST SIGN

Date 7/26/07

**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	MOLLY A Tagtow	4491 LUBEC AV	North Port, FL 34287

800106977969  
07/31/07--01021--018 \*\*758.75

**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 contained in Chapter 119, 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:**

Molly Tagtow  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/26/07  
Date

941-258-7797  
Daytime Phone #