

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

05 FEB -8 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS
WB500000 3860

DOCUMENT # P01000050805

1. Corporation Name

HOMERUN STADIUM PIZZA, INC

2. Principal Office Address

1035 E. 540A

3. Mailing Office Address

1035 E. 540A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKELAND, FL

City & State

LAKELAND, FL 33813

Zip

33813

Country

Zip

33813

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/14/2001

5. FEI Number

59-3726829

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

GEORGE T. COWARD

Street Address (P.O. Box Number is Not Acceptable)
1915 SOUTH FLORIDA AVENUE

Suite, Apt. #, Etc.

City

LAKELAND

State

FL

Zip Code

33803

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

Date

2/3/05

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
PVST	DEMIRHAN, ATILLA	5271 MONTSERRAT DRIVE	LAKELAND, FL 33813

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/3/05

Daytime Phone #

CR/EJB1 (01/05)