

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P01000051491

1. Corporation Name

PAPA DICK'S, INC.

FILED

02 NOV 12 PM 4:23

SECRETARY OF STATE
TALLAHASSEE, FL 32399

Principal Place of Business

1710 NE 3RD CT STE 4
BOYNTON BCH FL 33435

Mailing Address

1710 NE 3RD CT STE 4
BOYNTON BCH FL 33435



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/15/2001

5. FEI Number

EIN-65-1106191

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PVST	OLBRYCH, RICHARD A	1710 NE 3RD CT STE 4	BOYNTON BCH FL 33435
D	OLBRYCH, RICHARD A	1710 NE 3RD CT STE 4	BOYNTON BCH FL 33435

500008592775
10/25/02--01054--013 **150.00

8. Name and Address of Current Registered Agent

OLBRYCH, RICHARD A
1710 NE 3RD CT STE 4
BOYNTON BCH FL 33435

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2E040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/23/02

11. 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:

RICHARD ALBERT OLBRYCH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/02
Date

561-441-8801
Daytime Phone #

DO NOT DETACH!

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PAPA DICK'S, INC.
1710 N.E. 3RD COURT, #4
Boynton Beach, Florida 33435
(561) 734-3324

October 22, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

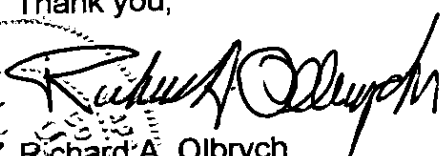
To Whom It May Concern:

I received in today's mail a dissolution notice for Papa Dick's, Inc.

This is the first mail I ever received regarding payment of my corporation fees. I never received your first nor second notice.

Enclosed is \$150.00 for reinstatement of Papa Dick's, Inc.

Thank you,



Richard A. Olbrych
President

