

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

03 JUN 12 PM 12:06

DOCUMENT # P01000062991

1. Corporation Name

RENNA'S PIZZA-BAYMEADOWS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT 02-03



100020804541
06/12/03--01045--004 **300.00

Principal Place of Business

Mailing Address

8624-BAYMEADOWS RD.
JACKSONVILLE FL 32256

8624-BAYMEADOWS RD.
JACKSONVILLE FL 32256

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

2. New Principal Office Address, If Applicable
8642 Baymeadows Rd.

3. New Mailing Office Address, If Applicable
8642 Baymeadows Rd.

4. Date Incorporated or Qualified To Do Business in Florida

06/22/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3733793

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Row 1: D, NOBLE, KATHERINE S, 408 BUCKEYE LANE EAST, JACKSONVILLE FL 32259

8. Name and Address of Current Registered Agent

CLARK, ROSS T
1558 SAN MARCO BLVD.
JACKSONVILLE FL 32207

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

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

Date 5-13-03

REGISTERED AGENT MUST SIGN

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Katherine Sue Noble

904-730-9313

Date

Daytime Phone #

CFR2040 (8/02)