

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

PS 1082

APPLICATION

FLORIDA DEPARTMENT OF STATE



Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC -5 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

DOCUMENT # P01000078911

1. Corporation Name

LUBI'S PEPPERS & NOVELTIES, INC.

Principal Place of Business

Mailing Address

2944 UNIVERSITY BLVD., W.
JACKSONVILLE FL 32217

2944 UNIVERSITY BLVD., W.
JACKSONVILLE FL 32217

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

08/10/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3740884

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	DISHMAN, NINA N	2944 UNIVERSITY BLVD., W.	JACKSONVILLE FL 32217
D	DIRAMIO, NIC F	2944 UNIVERSITY BLVD., W.	JACKSONVILLE FL 32217
D	WALLACE, LULA <i>Lula # (Lula)</i>	2944 UNIVERSITY BLVD., W.	JACKSONVILLE FL 32217

400008828414
11/06/02--01056--011--**150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

R.R. CRABTREE, CRABTREE, & FALLAR, P.A.
8777 SAN JOSE BLVD., BLDG. A, STE. 200
JACKSONVILLE FL 32217

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] SIGNATURE REQUIRED

Date

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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/25/02

Daytime Phone #

904-645-3007
904-703
6112

CR2E040 (8/02)

pg 2 of 2

October 25, 2002

Division of Corp
Annual Report/ Reinstatement Section
P. O. Box 6327
Tallahassee, Fla. 32314-6327

Gentlemen:


We have been trying for over a year to get all the things together that we need in order to start our business. There has been no activity yet!

We did not receive any prior UBR notices from you. Please use our correct address of Lubi's Peppers and Novelties, Inc., 2944-I University Blvd. West, Jacksonville, Fla. 32217.

I called the phone number on the page that stated "Important Facts" and held on for 20 minutes on 10-16 02, no one answered.

Please advise us if this check puts us back in good standing.

Yours truly,


LuLa A. Wallace, Director