

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
**Glenda E. Hood**  
**Secretary of State**  
DIVISION OF CORPORATIONS

FILED

03 DEC 10 PM 12:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P01000099021**

1. Corporation Name

**FAMOUS PHILLY'S, INC.**

Principal Place of Business

Mailing Address

5901 S. RIDGEWOOD AVE.  
PORT ORANGE FL 32127

5901 S. RIDGEWOOD AVE.  
PORT ORANGE FL 32127



**REINSTATEMENT 03**

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

10/11/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3749152

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	TRAPUZZANO, JOSEPH M	5901 S. RIDGEWOOD AVE.	PORT ORANGE FL 32127

900025385119  
12/10/03--01023--015 \*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TRAPUZZANO, JOSEPH M  
5901 S. RIDGEWOOD AVE.  
PORT ORANGE FL 32127

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State <b>FL</b>
	Zip Code

CR2E040 (7/03)

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 \_\_\_\_\_ 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: Joseph M. Trappuzano  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-9-03 386-767-6338  
Date Daytime Phone #