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
'04 JAN 9 PM 1:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000109638**

1. Corporation Name

YANNI'S PIZZARIA, INC.

Principal Place of Business	Mailing Address
25444 SR 46 MT. PLYMOUTH FL 32776	25444 SR 46 MT. PLYMOUTH FL 32776

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

REINSTATEMENT 02-04

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: **11/14/2001**

5. FEI Number: **59-3755530** ☐ 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
D	MOUMOURIS, JON	36909 SANDY LANE	GRAND ISLAND FL 32735

000026606520
01/09/04--01048--007 **300.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
MOUMOURIS, JON 25444 SR 46 MT. PLYMOUTH FL 32776	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / 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 1/6/04

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: _____ 1/6/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Shumacker, Johnston & Ross, PA

Certified Public Accountants

J. Cecil Shumacker, CPA
Robert E. Johnston, CPA (1982-2001)
W. Chet Ross, CPA

American Institute of
Certified Public Accountants

Florida Institute of
Certified Public Accountants

January 5, 2004

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

Re: Yanni's Pizzaria, Inc.
Annual reports – 2003 & 2004

To Whom It May Concern:

Enclosed is a corporate reinstatement form and check for $300.00 for my client. This check represents payment of $150.00 for the State of Florida annual reports for the years 2003 and 2004.

My client, Yanni's Pizzaria, Inc., hereby requests that reinstatement fees be waived the Annual Report forms were sent to an incorrect address and per a conversation with Division of Corporation staff, were returned to your office unopened.

Thank you very much for your prompt attention to this matter.

Yours truly,

Marvin M. Sonne