

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 SEP 17 PM 3:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000051588

1. Corporation Name

Bizzarro's Pasta & Pizza, Inc.

100185124331
09/17/10--01034--003 **150.00

100185124331
09/07/10--01060--005 **150.00

REINSTATEMENT 09-10

2. Principal Office Address - No P.O. Box #

218 US Hwy A1A

3. Mailing Office Address

218 US Hwy A1A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Satellite Beach, FL

City & State

Satellite Beach, FL

Zip

32937

Country

Brevard

Zip

32937

Country

Brevard

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
01-0716549

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Charles A. Schillinger Esq

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

1311 Bedford Dr.

Suite, Apt. #, Etc.

City

Melbourne

State

FL

Zip Code

32940

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

ESQ.

Date

8/2/10

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	George Hagal	Shorewood Dr, Apt 302	Cape Canaveral, FL 32920

10. E-mail Address:

(To be used for future annual report notification)

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. I further certify, 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

8/2/10

Daytime Phone #

**321-111
7193**

9/17
aw