

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

11/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 FEB 26 AM 10:26

DEPT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000055159

1. Corporation Name

TONY THE PIZZA CHEF, INC.

WD7-7435

2. Principal Office Address

3806 SOUTH OCEAN DR

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FL

City & State

Zip

33019

Country

USA

Zip

Country

REINSTATEMENT

0507

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

01-0691382

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

SHABANI ASTRIT

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

3806 SOUTH OCEAN DR

000083420160

01/05/07--01050--008 **490.00

Suite, Apt. #, Etc.

City

HOLLYWOOD

State

FL

Zip Code

33019

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

Astrit Shabani

Date

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	SHABANI ASTRIT	3806 SOUTH OCEAN DR	HOLLYWOOD, FL 33019

10. 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 contained in Chapter 119, 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:

Astrit Shabani

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954 478 2046
8-15-07 954-456-7070

2/2

JAN 03, 2007

TO : DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

"PLEASE ABATE THE PENALTY FOR THE ABOVE YEARS, I DID NOT RECEIVE
THE ANNUAL REPORT "

THANKING YOU IN ADVANCE,

SHABANI ASTRIT.
PRESIDENT.-

Astrit S.L.L.