

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 FEB -9 PM 4:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PD2000057865**

1. Corporation Name

Brickhouse Pizza Company

2. Principal Office Address

1552 Cordova Road

Suite, Apt. #, etc.

3. Mailing Office Address

1552 Cordova Road

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

Zip

33316

Country

USA

Zip

33316

Country

USA

REINSTATEMENT 64-05

4. Date Incorporated or Qualified
To Do Business in Florida

5/24/2002

5. FEI Number

03-0447551

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

Abraham Mishal

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

6571 SERENA LANE

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33433

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]

REGISTERED AGENT MUST SIGN

Date **FEB 5, 2005**

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
Pres	Alan C. Jacobs	2620 Marine City Dr. S. Alt #301	Fort Lauderdale, FL 33312
VP	James Kestler	21586 St. Andrews Grand Circle	Boca Raton, FL 33486
Sec	Angela Jacobs	2620 Marine City Dr S. Alt #301	Fort Lauderdale, FL 33312

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 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] **James Kestler VP**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/05 (561) 445-3434

Date Daytime Phone #

CR2E081 (01/05)