

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 DEC 13 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000073528

1. Corporation Name

STEVE'S PIZZA, INC

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

5866 S. Flamingo Rd

3. Mailing Office Address

5866 S. Flamingo Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cooper City, FL

City & State

Cooper City, FL

Zip

33330

Country

US

Zip

33330

Country

US

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

7/5/02

5. FEI Number

300092963

☒ 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

Lori Kamiab

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

12600 nw 6 street

Suite, Apt. #, Etc.

City

coral springs

State

FL

Zip Code

33071

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Date **12/8/07**

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
pres	Lori Kamiab	12600 nw 6 street	coral springs, fl 33071
VP	Myrna Siegle	1101 Colony Pt Crcl 216	Pembroke Pines, fl 33026
sec	Jason Ramirez	12600 nw 6 street	coral springs, fl 33071

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12/13/07--01041--016 **300.00

REINSTATEMENT
06-07

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:

Lori Kamiab

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/8/07

Daytime Phone #

954-2497477