

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

2006 DEC 27 PM 1:31

DOCUMENT # P02000081155

1. Entity Name  
C K PIZZA ENTERPRISES, INC.



Principal Place of Business  
CI C'S PIZZA  
2427 S.W. 27 AVE.  
OCALA, FL 34474

Mailing Address  
FEDERAL ACCTS. + TAX CONSULTANTS  
3706 N.W. 43RD ST.  
GAINESVILLE, FL 32606

REINSTATEMENT 06



01052007 REIN-P CR2E098 (11/05)

2. Principal Place of Business  
14123 Shaw Drive  
Suite, Apt. #, etc.

3. Mailing Address  
14123 Shaw Drive  
Suite, Apt. #, etc.

City & State  
Huntersville, North Carolina

City & State  
Huntersville, North Carolina

4. FEI Number  
06-1639930

Applied For  
Not Applicable

Zip Country  
28078 USA

Zip Country  
28078 USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

WEATHERFORD, WILLIAM P JR  
1031 W. MORSE BLVD.  
SUITE 105  
WINTER PARK, FL 32789

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE DP  
NAME LADIGO, CHARLES W  
STREET ADDRESS 8718 S.W. 8TH PLACE  
CITY-ST-ZIP GAINESVILLE, FL 32607

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP  
NAME Charles W. Ladigo  
STREET ADDRESS 14123 Shaw Drive  
CITY-ST-ZIP Huntersville, NC 28078

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Charles W. Ladigo, President

704-840-4584

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #