

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 APR 28 AM 8:00

DOCUMENT # P02000101478

1. Corporation Name

BONGO'S PIZZA, CORP.

2. Principal Office Address

240 East 1st Avenue

Suite, Apt. #, etc.
124

City & State

Hialeah Florida

Zip

33010

Country

U.S.A.

3. Mailing Office Address

831 East 10th Place

Suite, Apt. #, etc.

City & State

Hialeah Florida

Zip

33010

Country

U.S.A.

REINSTATEMENT 03-04

5/5/03 91427 041 *150.00

4. Date Incorporated or Qualified
To Do Business in Florida

9/2002

5. FEI Number

52-2378016

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

ALDO GUEVARA

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

831 East 10th Place

Suite, Apt. #, Etc.

City

Hialeah

State

FL

Zip Code

33010

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 3/24/2004

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
DP	ALDO GUEVARA	831 East 10 Place	Hialeah Florida 33010
DVP	ALAIN GUEVARA	831 East 10 Place	Hialeah Florida 33010

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03-02-04 (305) 884-3331

2072

April 26, 2004

Re: Bongio's Pizza Corp.
831 E. 10th Place
Dialeah, FL 33010
PO2000101478

Division of Corporations
Reinstatement Section

Gentleman: Reference is made to letter PO2000101478 concerning my corp. reinstatement application, I was informed by the division, that the corporation was dissolved due to the FEIN number was not sent as requested in prior two letters sent to me in 2003, I want to inform that I did not receive any prior letter asking for this information, I am sorry about it, I had problem with my mail, and it is already resolved, but I appreciate this fault to be repaired, because if this happens because I had not receive the information, please help me in this situation, at this time is very hard for me to pay \$700.00 for reinstatement my business is very slow, and I need your help, I appreciate your attention to my request, awaiting from your reply.

Sincerely,

af