

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAY 10 PM 4:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten initials

REINSTATEMENT 03-07

DOCUMENT # P02000103973
Corporation Name OPE'S PIZZA, INC.

Principal Place of Business Mailing Address
615 Cross St. #1105
Punta Gorda, FL 33950

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address If Applicable		3. New Mailing Office Address If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 9/25/02	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 56-2296942	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P/S/D	Josh Kramer	21520 Bryn Mar	Port Charlotte, FL 33952

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05/23/07--01010--017 **1418.75

8. Name and Address of Current Registered Agent Robert L. Shear 2790 Sunset Point Road Clearwater, FL 33759		9. Name and Address of New Registered Agent Name Josh Kramer Street Address (Post Office Box is Not Acceptable) 615 Cross St. Suite, Apt # Etc. #1105 City Punta Gorda, FL 33950 State FL Zip Code	
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
Signature of Registered Agent *[Signature]* Date 5/3/07
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. 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]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Josh Kramer, Pres/Dir Date Daytime Phone # 941.505-8800

CR2E040 (12/06)