

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 13 AM 10:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000409246**

1. Corporation Name

Nikolai Pizza, Inc.

900023749179
10/13/03--01059--018 **150.00

2. Principal Office Address

953 N. 14th Street

Suite, Apt. #, etc.

City & State

Leesburg, FL

Zip

34748

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

09/16/02

5. FEI Number

55-0796314

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

Paul J. Nikolai

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

953 N. 14th Street

Suite, Apt. #, Etc.

City

Leesburg

State

FL

Zip Code

34748

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

x Paul Nikolai

Date **10-8-03**

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
D	Paul J. Nikolai	953 N. 14th Street	Leesburg, FL

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)(f), 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: *x Paul Nikolai*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-8-3

Date

Daytime Phone #

CR2E081 (10/02)

5. 1-2

Nikolai Pizza, Inc.
953 N. 14th Street
Leesburg, FL 34748
Phone: 352-787-2600

October 7, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Corporation Reinstatement

Gentlemen:

This letter is to request the reinstatement of Nikolai Pizza, Inc. to Active Status. We never received the Uniform Business Report for 2003. As we were only in business for one month in 2002, we did not know that we were required to pay an annual fee and file a report.

This business was incorporated in September 2002; however, the business did not begin operations until December of 2002. We never received a Uniform Business Report and did not know we were required to file one. It was not until we inadvertently learned that our business was inactive that we found out about the Annual Report.

In that we did not know about the Annual Uniform Business Report and we never received a form in the mail, please abate any reinstatement fees for this Corporation. Please reinstate Nikolai Pizza, Inc. to Active Status per the enclosed Corporate Reinstatement form. We have enclosed the \$150.00 annual filing fee with this form.

Thank you in advance for your consideration in this matter.

Sincerely,



Paul J. Nikolai
Director, Nikolai Pizza, Inc.