

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000124295

1. Entity Name
JT'S PIZZERIA, INC.



FILED
08 NOV 14 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
11902 BONITA BEACH RD
RED 2,4 &6
BONITA SPRINGS, FL 34135 US

Mailing Address
1308 GRAND CANAL DRIVE
NAPLES, FL 34110



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

11052008 REIN-P CR2E098 (1/07)

City & State

City & State

4. FEI Number

33-1031270

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MISAVAGE, JOSEPH A
1308 GRAND CANAL DRIVE
NAPLES, FL 34110

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

Joseph A. Misavage

(NOTE: Registered Agent signature required when reinstating)

11-12-08

DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2009, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
MISAVAGE, JOSEPH A
1308 GRAND CANAL DRIVE
NAPLES, FL 34110 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
300137941743
11/14/08--01051--019 **750.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
REINSTATEMENT

TITLE
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☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

Joseph A. Misavage JOSEPH A. MISAVAGE

11-12-08

Date

239-594-1299

Daytime Phone #