

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 NOV 17 PM 3:28

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # P03000073403

1. Corporation Name

Tony The Pizza Chef II, Inc.

2. Principal Office Address

596 N SR 7

Suite, Apt. #, etc.

City & State

Hollywood, Florida

Zip

33019

Country

USA

3. Mailing Office Address

596 N SR 7

Suite, Apt. #, etc.

City & State

Hollywood, Florida

Zip

33019

Country

USA

REINSTATEMENT 04-05
CR2E081 (8/05)

4. Date Incorporated or Qualified
To Do Business in Florida

07/02/2003

5. FEI Number
45-0518209

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

Naim Shabani

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

596 N SR 7

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33019

500061512575
11/17/05--01030--017 **1190.00

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

Naim Shabani
REGISTERED AGENT MUST SIGN

Date

11/11/05

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
PD	Naim Shabani	596 N SR 7	Hollywood, Florida 33019

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:

Naim Shabani

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PD SAMP 954-963-0505

Date

Daytime Phone #