

2004 FOR PROFIT CORPORATION
REINSTATEMENT

DOCUMENT # P03000093962

1. Entity Name
D & A GARNET AND GOLD PIZZA, INC.



Principal Place of Business
1990 PAT THOMAS PKWY.
QUINCY, FL 32351

Mailing Address
1990 PAT THOMAS PKWY.
QUINCY, FL 32351

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number

20-0256214

Applied F
Not Applic

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Name

CLARK, MAX T
113 WEST FRANKLIN ST.
QUINCY, FL 32351

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME KELLER, DAWN M
STREET ADDRESS 326 NORTH 8TH ST.
CITY- ST-ZIP QUINCY, FL 32351

Delete

TITLE
NAME
STREET ADDRESS
CITY- ST-ZIP

500042554985
11/08/04--01026--001 **\$150.00

Change Ad

TITLE
NAME
STREET ADDRESS
CITY- ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY- ST-ZIP

Change Ad

TITLE
NAME
STREET ADDRESS
CITY- ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY- ST-ZIP

Change Ad

TITLE
NAME
STREET ADDRESS
CITY- ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY- ST-ZIP

Change Ad

TITLE
NAME
STREET ADDRESS
CITY- ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY- ST-ZIP

Change Ad

TITLE
NAME
STREET ADDRESS
CITY- ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY- ST-ZIP

Change Ad

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, changed, or on an attachment with an address, with all other like empowered.

Dawn 10/31/04