

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAR -5 AM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000123001

1. Corporation Name

Original New York Pizza
Department, Inc.

800091534718
03/07/07--01004--022 **1050.00

REINSTATEMENT 05-07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #

9910 Alternate AIA

Suite, Apt. #, etc.

Suite 701

City & State

Palm Bch. Gardens, FL

Zip

33410

Country

U.S.

3. Mailing Office Address

9910 Alternate AIA

Suite, Apt. #, etc.

Suite 701

City & State

Palm Bch. Gardens

Zip

33410

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

10/30/2003

5. FEI Number

770613165

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

Dubrow Duker & Associates, P.A.

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

5401 N. University Drive # 204

Suite, Apt. #, Etc.

City

Coral Springs

State

FL

Zip Code

33067

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Ban

Date

2/28/07

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 | Eric Kohronas | 9910 Alternate AIA Suite 701 | Palm Beach Gardens FL 33410 |
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800091534718
03/07/07--01004--023 **8.75

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/07

Date

561-207-6973

Daytime Phone #

NC 3/6