

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 FEB 17 PM 12:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P04-000083411

1. Corporation Name

NIMDS PIZZA INC

REINSTATEMENT 05-10

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

637 N. GRANDVIEW AVE

Suite, Apt. #, etc.

3. Mailing Office Address

637 N GRANDVIEW AVE

Suite, Apt. #, etc.

000169245650

02/17/10--01006--009 \*\*900.00  
CR2E081 (11/09)

City & State

DAYTONA BEACH, FL

Zip

32118

Country

US

City & State

DAYTONA BEACH FL

Zip

32118

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

05/26/04

5. FEI Number

20-1164604

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

PATRICK J. SHEEHAN

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

1702 Ridgewood AVE

Suite, Apt. #, Etc.

# B

City

HOLLY HILL

State

FL

Zip Code

32117

☒ 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

Date

2/10/10

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
<u>P</u>	<u>ABDELLAH MALYANI</u>	<u>637 N Grandview Ave</u>	<u>DAYTONA BEACH, FL</u> <u>32118</u>

10. E-mail Address: NIMDS PIZZA @ YAHOO.COM

(To be used for future annual report notification)

11. 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. I further certify, 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

Date

2 10 10

Daytime Phone #

888 868 704