


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P04000125349</b> 1. Entity Name <b>PRIME TIME PIZZA OF JACKSONVILLE, INC.</b>						<b>FILED</b> 06 NOV 14 21 5:41 SEC... TALLAH...	
Principal Place of Business <b>1605-4 MYRTLE AVENUE</b> <b>4</b> <b>JACKSONVILLE, FL 32209</b>				Mailing Address <b>1605-4 MYRTLE AVENUE</b> <b>4</b> <b>JACKSONVILLE, FL 32209</b>			
2. Principal Place of Business <b>5238 Norwood Ave</b>				3. Mailing Address <b>6589 Cedro Ct</b>			
Suite, Apt. #, etc. <b>22</b>				Suite, Apt. #, etc. 			
City & State <b>JAX FL</b>				City & State <b>JAX FL</b>			
Zip <b>32208</b>				Zip <b>32244</b>			
Country <b>Duval</b>				Country <b>Duval</b>			
4. FEI Number <b>14-1917382</b>				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>MACK, EUGENE SR.</b> <b>1605-4 MYRTLE AVENUE</b> <b>JACKSONVILLE, FL 32209</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2007, Fee will be \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE <b>P</b>	NAME <b>MACK, EUGENE SR.</b>			<input type="checkbox"/> Delete			
STREET ADDRESS <b>1605-4 MYRTLE AVENUE</b>				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
CITY-ST-ZIP <b>JACKSONVILLE, FL 32209</b>				<b>800081737778</b> <b>11/13/06--01038--009 **158.75</b>			
TITLE <b>VP</b>	NAME <b>MACK, CARLA</b>			<input type="checkbox"/> Delete			
STREET ADDRESS <b>5689 CEDRO CR</b>				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
CITY-ST-ZIP <b>JAX, FL 32284</b>							
TITLE 				<input type="checkbox"/> Delete			
STREET ADDRESS 				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
CITY-ST-ZIP 							
TITLE 				<input type="checkbox"/> Delete			
STREET ADDRESS 				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
CITY-ST-ZIP 							
TITLE 				<input type="checkbox"/> Delete			
STREET ADDRESS 				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
CITY-ST-ZIP 							
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.							
<b>SIGNATURE:</b> <i>Eugene Mack</i>				<b>483 0682</b>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>			