

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P05000006308

**FILED**  
**Oct 17, 2012**  
**Secretary of State**

**Entity Name:** PHILLY PHLAVA' ORIGINAL STEAKS AND HOAGIES, INC.

**Current Principal Place of Business:**

10039 W HILLSBOROUGH AVE  
TAMPA, FL 336153002

**New Principal Place of Business:**

5537 SHELDON RD  
SUITE X  
TAMPA, FL 33615 US

**Current Mailing Address:**

10039 W HILLSBOROUGH AVE  
TAMPA, FL 336153002

**New Mailing Address:**

5537 SHELDON RD  
TAMPA, FL 33615

**FEI Number:** 33-1109064

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COIA, BENJAMIN  
8208 KIRKWOOD DR  
TAMPA, FL 336342239 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:** BENJAMIN COIA

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** COIA, JOHN  
**Address:** 116 MILDRED LANE  
**City-St-Zip:** ASTON, PA 19014

**Title:** V  
**Name:** COIA, BENJAMIN  
**Address:** 8208 KIRKWOOD DR  
**City-St-Zip:** TAMPA, FL 336342239

**Title:** S  
**Name:** COIA, ADRIANA  
**Address:** 8208 KIRKWOOD DR.  
**City-St-Zip:** TAMPA, FL 33634

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** JOHN COIA

P

10/17/2012

Electronic Signature of Signing Officer or Director

Date