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## 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000042356  1. Entity Name GREENACRES PIZZA, INC.				· · · · · · · · · · · · · · · · · · ·		20 07 i	FILE NOV 16		21	
Principal Place of Business Mailing Address					.\	• *			- 1	
4645 LAKÉ V Greenacres		4645 LAKE WORTH ROAD Greenacres, FL 33463 US			SCONE I ANT UF STATE I ALLAHASSEE, FLORIDA					
Principal Place of Business - No P.O. Box #     3. Mailing Add			idress							
Suite, Apt.		Suite, Apt. #, etc.			101BEINSTATEMENT					
City & State		City & State			4. FEI Number Applied F 73-1733530 Not Applie			oplied For of Applicable		
Zip	Country				5. Certificate of Status Desired S8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent Name					7. Name and Address of New Registered Agent					
MATOSHI, KEMAL 4645 LAKE WORTH ROAD GREENACRES, FL 33462				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  Suprature, typed or pranted name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating)  DATE										
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO C	OFFICERS AND	DIRECTORS	S IN 11	
TITLE NAME	P/D MATOSHI, KEMAL	☐ Delete	TITLE NAME			-		Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	4645 LAKE WORTH ROAD GREENACRES, FL 33463		STREET ADDRESS CITY-ST-ZIP	04-	09-07	90073	025	\$150.	.00	
TITLE HAME STREET ADDRESS	V DULLOVI, NAIM 4645 LAKE WORTH ROAD	☐ Delete	TITLE NAME					☐ Change	Addition	
CITY-ST-ZIP	GREENACRES, FL 33463		STREET ADDRESS CITY-ST-ZIP							
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$11	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition	
12. I hereby certify that the information supplied with this filling 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.										
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 113 07 561-965-9950  Daylore Priore 4										

## RECEIVED 07 NOV 16 AM 8: 00

MARSHON OF CORPORATIONS

November 13, 2007

TO WHOM IT MAY CONCERN:

Re: P05000042356

Greenacres Pizza Inc.

Enclosed please find a signed 2007 For Profit Corporation Reinstatement. I did not receive the form you sent me for signature.

Inasmuch as you have my \$150.00 check, please reinstate my Corporation.

Thank you

Kem**å**l Matoshi

President