

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

08 MAR 10 PM 4:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P05000113946

1. Corporation Name

**MALU'S PIZZERIA INC**

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

1718 N GOLDENROD RD

Suite, Apt. #, etc.

2

City & State

ORLANDO, FL

Zip

32807

Country

US

3. Mailing Office Address

1718 N GOLDENROD RD

Suite, Apt. #, etc.

2

City & State

ORLANDO, FL

Zip

32807

Country

US

**REINSTATEMENT 06-08<sup>KS</sup>**  
CR2E081 (12/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

08/16/2005

5. FEI Number  
20-3324966

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

**SEVERINA CRISTINA RIVERA**

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

6220 S ORANGE BLOSSOM TRAIL

Suite, Apt. #, Etc.

603

City

ORLANDO, FL

State

FL

Zip Code

32809

☒ 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 02/12/2008

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
DP	MARCIA NASCIMENTO SCHMIDT	5177 LOMA VISTA CIR # 203	OVIEDO, FL 32765
DVP	LUCAS SENA DA SILVA	1718 N GOLDENROD RD	ORLANDO, FL 32807

601118263716  
02/18/08--01045--011 \*\*450.00

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:

MARCIA N SCHMIDT

02/12/2008

407-230-7580

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #