142

## 2006 FOR PROFIT CORPORATION REINSTATEMENT

					<sub>l</sub> DIVIS	ION OF CORE	ORATIONS	
DOCUMENT # P05000116736  1. Entity Name PALACE PIZZA OF AUBURNDALE, INC.					06 (	DEC 18 AN	1 9: 32	******
Principal Place of Business  114 SOUTH KENTUCKY AVE LAKELAND, FL 33801  AMAIling Address H4 SOUTH KENTUCKY LAKELAND, FL 33801					REIN	ISTA]	reme!	NT 66
2. Principal Place of Business 2/3 &		3. Mailing Address  2/3 K LAKE AV E  Suite, Apt. #, etc.		AVE	12142006 REIN-P CR2E098 (11/05)			
City & State	JOALA FL	City & State AUBUANDONA PC		4. FEI Number 4/-2/8	4634	<del></del>	plied For It Applicable	
3382	Country	33823	Country U.S.A	}	5. Certificate of S 7. Name and Add	atus Desired	\$8.75 Add Fee Required	
<del></del>		lame						
MORIELLO, PATRIZI S 6789 HIGH RIDGE LOOP LAKELAND, FL 33813  Street Address (P.O. Box Number is Not Acceptable)  The street Address (P.O. Box Number is Not Acceptable)								
				ity Au Bu	WORK		FL Zig Cgd	823
the obligat	named entity submits this statement to ions Openstered agent	r the purpose of changing it	s registered o	office or register	red agent, or both, in	the State of Florio		
SIGNATURE_	Signature, types or printed name of registered agent	and title if applicable. (NO	TE: Registered Ac	gent algnature requi	red when reinstating)		DATE	
	FEE IS \$750.00 nuary 1, 2007, Fee will be \$900.0	no }			ł			
10.	OFFICERS AND		11.		ADDITIONS/CHA	NGES TO OFFICE	RS AND DIRECTOR	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MORIELLO, PATRIZI S 5760 HIGH RIDGE LOOP LAKELAND, FL 33813	☐ Delete	TITLE NAME STREET AL	Į.	•	00826 0601051	رها و السياد المساد المداعي	0.00
TITLE MAME STREET ADDRESS CITY-ST-ZIP	Cawsert-	☐ Delete	TITLE NAME SIREET AL	1	VICE PRES DIUSEPPI 1 13 R LAKE UBYEN DALS	n smille	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AL CITY-ST-	T	CRASURAN 10x0amo L 13x Luka 4burnoan	ANUTO	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AL CITY-ST-	DDRESS			Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AL CITY-ST-				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP		□ Delete	TITLE NAME STREET AL CITY-ST-	1			☐ Change	Addition
12. I hereby indicated of the corchanged	certify that the information supplied with on this report or supplemental seports por ation or the receiver or take be employed or on an attack many with all address.  URE:    Supplemental Seporar   Seporar	n this filing does not qualify is true and accurate and that gwered to execute this repowere with all other like empowere printed NAME OF SIGNING OFFICE	my signature rt as required d.	tions contained shall have the by Chapter 60	d in Chapter 119, Flo same legal effect as 7, Florida Statules; au	rida Statutes, I fur if made under oat nd that my name a	ther certify that the in h; that I am an officer appears in Block 10 or Daytime Proce	formation or director Block 11 if

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## Joseph N. D'Orsaneo

CERTIFIED PUBLIC ACCOUNTANT

3825 South Florida Avenue, Suite 3 P.O. Box 951 Lakeland, Florida 33802-0951 Tel: (863) 644-1006 Fax: (863) 644-5887

December 14, 2006

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Palace Pizza of Auburndale, Inc.

My Client did not receive a prior notice for the renewal of the Corporate registration form for 2006. Therefore, we are enclosing a check for \$ 150.00 for Corporate renewal for 2006.

Joseph N. D'Orsaneo