

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 NOV 20 PM 4: 14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT-04

DOCUMENT # P05000119826

1. Entity Name
TOBY'S ORIGINAL LITTLE ITALY PIZZA INC.



Principal Place of Business
6150 31ST AVE NORTH
ST. PETERSBURG, FL 33710

Mailing Address
6150 31ST AVE NORTH
ST. PETERSBURG, FL 33710

2. Principal Place of Business
31808 U.S Hwy 19 N
Suite, Apt. #, etc.

3. Mailing Address
31808 U.S Hwy 19 N
Suite, Apt. #, etc.



10292006 REIN-P CR2E098 (11/05)

City & State
Palm Harbor, FL
Zip 34684 Country Pinellas

City & State
Palm Harbor, FL
Zip 34684 Country Pinellas

4. FEI Number
20-3463198

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPINELLI, ANTHONY T
6150 31ST AVE NORTH
ST. PETERSBURG, FL 33710

Name

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SPINELLI, JEREMY T	
STREET ADDRESS	6150 31ST AVE NORTH	
CITY-ST-ZIP	ST. PETERSBURG, FL 33710	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SPINELLI, ROCCO	
STREET ADDRESS	6150 31ST AVE NORTH	
CITY-ST-ZIP	ST. PETERSBURG, FL 33710	
TITLE	T	<input type="checkbox"/> Delete
NAME	SPINELLI, ANTHONY T	
STREET ADDRESS	6150 31ST AVE NORTH	
CITY-ST-ZIP	ST. PETERSBURG, FL 33710	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	100081958841
CITY-ST-ZIP	11/20/06--01065--026 **150.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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.

SIGNATURE:

Anthony T. Spinelli
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anthony T. Spinelli

10/30/06

(727) 771-1700
Date Daytime Phone