

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

09 NOV 30 PM 12:18

**DOCUMENT # P05000149612**

1. Corporation Name

**St. Johns Pizza Grill**

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

**445 S.R. 13**

Suite, Apt. #, etc.

**Suite 12**

City & State

**Jacksonville, FL**

Zip

**32259**

Country

**USA**

3. Mailing Office Address

**445 S.R. 13**

Suite, Apt. #, etc.

**Suite 12**

City & State

**Jacksonville**

Zip

**32259**

Country

**USA**

CR2E081 (11/09)

4. Date Incorporated or Qualified  
To Do Business in Florida **12/05**

5. FEI Number  
**203751677**

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

**Ramon Eric Arnold**

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

**348 Summerset Drive**

Suite, Apt. #, Etc.

City

**Jacksonville**

State

**FL**

Zip Code

**32259**

☒ 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

*[Signature]*

Date **11/22/09**

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
Pres	Ramon Eric Arnold	348 Summerset Drive	Jacksonville, FL. 32259
V.P.	Pamela Arnold	348 Summerset Drive	Jacksonville, FL. 32259

500163195305  
11/30/09--01075--008 \*\*300.00

10. E-mail Address: **ericarnold@mac.com**

(To be used for future annual report notification)

11. 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. I further certify, 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: *[Signature]*

**Ramon Eric Arnold**

**11/22/09**

**904-881-1355**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #