

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000029794

1. Entity Name
PIZZETTI INC



FILED

2007 OCT -2 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
11908 EAST BAY RD
GIBSONTON, FL 33534

Mailing Address
11908 EAST BAY RD
GIBSONTON, FL 33534

2. Principal Place of Business - No P.O. Box #

3. Mailing Address



09242007 REIN-P CR2E098 (1/07)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For
Not Applicable

Zip

Country

Zip

Country

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

PIZZETTI, JAIME
11908 EAST BAY RD
GIBSONTON, FL 33534

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, 2008, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME PIZZETTI, JAIME
STREET ADDRESS 11908 EAST BAY RD
CITY-ST-ZIP GIBSONTON, FL 33534

TITLE ☐ Change ☐ Addition
NAME 400110182524
STREET ADDRESS 10/02/07--01039--007 **150.00
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/27/07