

Attachment 1 of 2

2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

08 FEB 22 PM 4:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05/14/07 90076 019 \$150.00



01242008 REIN-P CR2E098 (1/07)

4. FEI Number
20-4491955Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPENCER, JESSE
409 W MAIN ST
IMMOKALEE, FL 34142

7. Name and Address of New Registered Agent

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 \$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	D	<input type="checkbox"/> Delete
NAME	SPENCER, JESSE	
STREET ADDRESS	409 W MAIN ST	
CITY-ST-ZIP	IMMOKALEE, FL 34142	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
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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	000119550930	
STREET ADDRESS	03/06/08--01017--017 **150.00	
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REINSTATEMENT 07-08 ^{RS}	
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		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/08

Date

Daytime Phone #

FEBRUARY 11, 2008

REGARDING: THE PIZZA SHACK OF IMMOKALEE, INC.

ATTACHMENTS: COPY OF FORM AND CHECK SHOWING FILING DATE

APRIL 27, 2007. PER MY PHONE CALL THE LETTER REQUESTING THE

FEI NUMBER WAS NOT RECEIVED. WE ARE ASKING THAT THE

REINSTATEMENT FINE BE WAIVED.

THANK YOU VERY MUCH,

A handwritten signature in black ink, appearing to read "Gene Spurr". The signature is fluid and cursive, with the first name "Gene" and last name "Spurr" clearly distinguishable.