

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 JUN 18 PH 1:38

DOCUMENT # P 07000006698

1. Corporation Name

MARIO'S PIZZA & RESTAURANT INC

WI-25671

800181341818  
05/25/10--01032--003 \*\*\*300.00

KS

**REINSTATEMENT 08-10**

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

9157 TAFT ST

3. Mailing Office Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

PEMBROKE PINES FL

City & State

Zip

Country

33024

BROWARD

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01-16-2007

5. FEI Number

20-8297747

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

MARIO DE JESUS CRUZ

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

1671 NW 113TH AVE

Suite, Apt. #, Etc

City

PEMBROKE PINES

State

FL

Zip Code

33026

PROFIT CORPORATIONS ONLY  
 The \$600.00 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

*X Jose*

Date

5/15/10

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
PRE	MARIANO DE JESUS CRUZ	1671 NW 113TH AVE	HOLLYWOOD FL 33026

06/18/10 01012-027 \$150.00

10. E-mail Address: TAXJOSE@AOL.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:

*X Mariano*

MARIANO DE JESUS CRUZ

5/15/10

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #