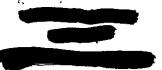
# PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.





#### FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

**DIVISION OF CORPORATIONS** 

### **DOCUMENT #**

P93000015870

1. Corporation Name

### FESTIVE PIZZAS LTD., INC.

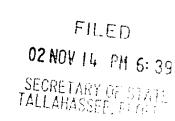
Principal Place of Business

Mailing Address

13905 W DIXIE HWY MIAMI FL 33161 US

13905 W DIXIE HWY MIAMI FL 33161

US





Suite, Apt. #, etc.  Su  City & State  Cit			New Mailing Office Address, If Applicable     Suite, Apt. #, etc.			Date Incorporated or Qualified     To Do Business in Florida     02/25/1993			
			City & State		5. FEI Number Applied For				
			City & State	Ony & State		<u> </u>	65-0390934 No		
Zip		Country	Zip		Country	6. CERTIFICA	ATE OF STATUS DESIRED  \$8.7	75 Additional Fee required or a Certificate of Status	
7. Names	and Street Add	esses of Each Officer an	d/or Director (Flo	orida nonprofit	corporations must list at I	east 3 directors)			
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director		ch	City / Sta	ate / Zip	
D	LAWRENCE, DONALD C			13905 W DIXIE HWY			N MIAMI FL 33161		
D	MCALLISTER, DONALD C			12809 N OSAGE ROAD		· · · · · · · · · · · · · · · · · · ·	LOUISVILLE KY 40223		
						11/1S	00090145 02-01018001	<b>⊡&lt;</b> **550.00	
	8. Name	and Address of Current	Registered Age	nt		9. Name and	Address of New Registered A	gent	
LAWRENCE, DON					Name	Name			
13905 W DIXIE N MIAMI FL 33161				•	Street Address (P.O. Box Number is Not Acceptable)				
					Suite, Apt. #, Etc	Suite, Apt. #, Etc.			
<u> </u>					City	***	State <b>FL</b>	Zip Code	
i. I, being	1.	A			alliar with and accept the o	bligations of Sec	tion 607.0505, F.S. or 617.0505,	, F.S.	

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 filling 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

REGISTERED AGENT MUST SIGN

Don Lawrence





## Better Ingredients. Better Pizza.

Festive Pizza, LTD. A Franchisee of Papa John's International, Inc.

13905 W. Dixie Highway Miami, FL 33161 (305) 892-0606 FAX: (305) 892-0303

November 8, 2002

Secretary of State Div. of Corp. P.O. Box 6327 Tallahassee, FL 32314

RE:

**FESTIVE PIZZAS** 

Document #P93000015870

To Whom It May Concern:

Enclosed please find our application for reinstatement along with our original application and fee of \$550.00

We had submitted the original application and fee well before the due date of September 13, 2002. However, during this time the office manager was away on maternity leave and our assistant wrote the check and mailed the form to the State of Florida not realizing the payment was intended to pay for the corporation. We later received a "refund" from the state for overpayment and realized what had happened.

We hope this letter explains our situation. If not, please don't hesitate to call.

Sincerely,

Miriam Rodriguez

Director of Admin.

354-7272

860 NE 79th St

754-2666