

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2



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

13905 W DIXIE HWY
MIAMI FL 33161
US

Mailing Address

13905 W DIXIE HWY
MIAMI FL 33161
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/25/1993

5. FEI Number

65-0390934

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	LAWRENCE, DONALD C	13905 W DIXIE HWY	N MIAMI FL 33161
D	MCALLISTER, DONALD C	12809 N OSAGE ROAD	LOUISVILLE KY 40223

4000009014504

11/15/02--01018--001 **550.00

8. Name and Address of Current Registered Agent

LAWRENCE, DON
13905 W DIXIE
N MIAMI FL 33161

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Signature REQUIRED
REGISTERED AGENT MUST SIGN

Date

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(l), 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.

SIGNATURE:

Signature REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/8/02 305)892-0606

CR2040 (8/02)



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

20f2

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.

15428 NW 77th Ct.
362-1300

1498 NE Miami Gardens Dr.
919-7272

Hialeah Gardens
3120 W. 76 Street
557-7272

19625 NW 57th Ave.
624-7272

Hialeah
419 W. 49th St.
364-8787

13300 NW 27th Ave.
688-7200

13905 W. Dixie Highway
892-8700

20312 NW 2nd Ave.
770-3411

16850 Collins Ave.
354-7272

860 NE 79th St.
754-2666

Hollywood
207 N. Federal Hwy.
(954) 929-3100