

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 OCT 23 AM 11:49

DOCUMENT # P93000056442

1. Corporation Name  
Value Price Pizza, Inc.

2. Principal Office Address  
210 SW 2nd Ave.

3. Mailing Office Address  
106 SW 6th Street

REINSTATEMENT 00-01

City & State  
Gainesville, FL.

City & State  
Gainesville, FL.

Zip  
32601

Country

Zip  
32601

Country

4. Date Incorporated or Qualified  
-- To Do Business in Florida 8/11/1993

5. FEI Number  
59-3197578

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  
Sandra M. Gillespie 500004672855 -- 1

Street Address (P.O. Box Number is Not Acceptable)  
2615 NW 22nd Terrace 11/08/01-01047-005  
\*\*\*\*908.75 \*\*\*\*008.75

Suite, Apt. #, Etc.

City  
Gainesville

State  
FL

Zip Code  
32605

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 Sandra M. Gillespie Date 10/22/2001  
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
<u>P/D</u>	<u>Sandra Gillespie</u>	<u>2615 NW 22nd Terr.</u>	<u>Gainesville, FL 32605</u>

10. 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)(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.

SIGNATURE: Sandra M. Gillespie 10/22/2001 (352) 371-3078  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (8/00)