

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR

~~REINSTATEMENT~~

FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P94000002616

1. Corporation Name

SICILY'S PIZZA, PASTA & SUBS, INC.

Principal Place of Business

17230 S TAMiami TRAIL  
FT MYERS FL 33908

Mailing Address

17230 S. TAMiami TRAIL  
FORT MYERS FL 33908  
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

01/11/1994

5. FEI Number

59-3206184

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

2

Name of Officers  
and/or Directors

3

Street Address of Each  
Officer and/or Director

4

City / State / Zip

D

WILLIAMS, JAMES L

17230 S TAMiami TRAIL

FT MYERS FL 33908

500009047505

11/18/02--01052--011 \*\*150.00

8. Name and Address of Current Registered Agent

WILLIAMS, JAMES L  
17230 S TAMiami TRAIL  
FORT MYERS FL 33936

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

*James L Williams*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 11-12-02

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)(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:

*James L Williams*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-12-02

Daytime Phone #

239 267 4177

CR2E040 (8/02)

I am sending the 150 <sup>EU</sup>  
due to the reason that I did  
not receive a bill prior to the  
late bill. If you have any  
questions call me at  
239 267-4177

James A. Wilkins, President  
Thank-You

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