

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 30 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000024133

1. Corporation Name

Silver Star Pizza, Inc.

REINSTATEMENT 03

400024290474
10/30/03--01053--022 **750.00

2. Principal Office Address

6900 Silver Star Rd.

Suite, Apt. #, etc.

Unit 106

City & State

Orlando, FL

Zip

32818

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/29/1994

5. FEI Number

593234260

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

Robert L. Shear, Esq.

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

2650 McCormick Dr.

Suite, Apt. #, Etc.

Suite 130

City

Clearwater

State

FL

Zip Code

33759

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

Date 10/28/03

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
PD	Raymond Kramer	6900 Silver Star Rd.	Orlando, FL 32818
VPD	Julie Hearn	6900 Silver Star Rd.	Orlando, FL 32818
STD	Robby Colepits	6900 Silver Star Rd.	Orlando, FL 32818

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Raymond Kramer

10/28/03 727-712-0228

Date

Daytime Phone #

CR2E081 (10/02)

2114