

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P94000060264

1. Corporation Name
Pizza Ft. Myers, Inc.

Mailing Address
1634 & 1631 Hendry Street
Fort Myers, FL 33901

Principal Place of Business
1634 & 1631 Hendry Street
Fort Myers, FL 33901

96 NOV -6 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

96 ad

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

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable		3. New Principal Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/16/1994	
City & State		City & State		5. FEI Number	
Zip		Country		65-0519027	
				Applied For	
				Not Applicable	
				CERTIFICATE OF STATUS DESIRED ☐ \$6 Fee	

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DPT	Daniell, Evan	3467 East River Drive	Fort Myers, FL 33916
DVS	Daniell, Avis	3467 East River Drive	Fort Myers, FL 33916
			300002003043--0
			-11/13/96--01123--009
			****375.00 ****375.00

8. Name and Address of Current Registered Agent

Leonard, Michael W.
1833 Hendry Street
Fort Myers, FL 33901

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State	Zip Code
	FL	

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.

Signature of Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 11-1-96

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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 PRINTED NAME OF SENDING OFFICER OR DIRECTOR

[Signature]

11-1-96