

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 NOV 27 PM 1:11

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P94000074274**

1. Corporation Name

BRICK OVEN PIZZERIA, INC.

Principal Place of Business
7100 PINES BLVD.
PEMBROKE PINES FL 33024

Mailing Address
7100 PINES BLVD.
PEMBROKE PINES FL 33024

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

10/08/1994

5. FEI Number

50-2420059

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

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
D	KNAPP, MICHAEL R.	3830 SW 90 ST	HOLLYWOOD FL 33023
P	KNAPP, SHIRLEY	3321 SW 32 AVE	HOLLYWOOD FL 33023
	Cathy A Engle	10721 NW 21 CT	Sunrise FL 33322
			900002019099--8 -12/04/96--01036--025 *****300.00 *****300.00
			900002019099--8 -12/04/96--01036--026 *****75.00 *****75.00

8. Name and Address of Current Registered Agent

KNAPP, SHIRLEY
3321 SW 32 AVE
HOLLYWOOD FL 33023

9. Name and Address of New Registered Agent

Name Cathy A Engle
Street Address (P.O. Box Number is Not Acceptable)
10721 NW 21 CT
Suite, Apt. #, Etc.
S
City Sunrise State FL Zip Code 33322

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

Cathy A Engle
REGISTERED AGENT MUST SIGN

Date 10/30/96

11. 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.)

12. 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)(b), 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:

Cathy A Engle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/30/96 (954) 964-6622