

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JAN -5 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 995000009159
1. Corporation Name PIZZAWORKS, INC.

REINSTATEMENT 03

100026018201
01/05/04--01059--005 **750.00

2. Principal Office Address 229 KEY DEER BLVD.
Suite, Apt. #, etc.

3. Mailing Office Address 229 KEY DEER BLVD.
Suite, Apt. #, etc.

City & State BIG PINE KEY FL
Zip 33043 Country USA

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Zip 33043 Country USA

4. Date Incorporated or Qualified
To Do Business in Florida 01-31-1995

5. FEI Number 593300472
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 DIANE T. COVAN

Street Address (P.O. Box Number is Not Acceptable) 1901 FOGARTY AVE.

Suite, Apt. #, Etc.

City KEY WEST

State FL Zip Code 33040

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 [Signature]
REGISTERED AGENT MUST SIGN

Date 12-08-2003

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	JUDITH A. ROWLEY	229 KEY DEER BLVD.	BIG PINE KEY FL 33043
VPD	F. PAUL KOISCH	229 KEY DEER BLVD.	BIG PINE KEY FL 33043

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

29 DEC. 03 305-872-1119
Date Daytime Phone #

AS ABOVE F. PAUL KOISCH

CR2E081 (10/02)