

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 FEB 15 *pm* 4:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000066982

1. Corporation Name

ROCKY'S PIZZA OF FLORIDA, INC.

2. Principal Office Address

24 Eglin Parkway NE

Suite, Apt. #, etc.

City & State

Fort Walton Beach, FL

Zip

32548

Country

USA

3. Mailing Office Address

P.O. Box 755

Suite, Apt. #, etc.

City & State

Fort Walton Beach, FL

Zip

32549-0755

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

8-28-95

5. FEI Number

59-3333634

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

Michael Wm Mead

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

24 Walter Martin Road

Suite, Apt. #, Etc.

Suite 3

City

Fort Walton Beach,

100003144981--

02/23/00--01083--015

****900.00 ****900.00

100003144981--

02/23/00--01083--016

*****9.75 *****8.75

State

Zip Code

FL

32548

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

Michael Wm Mead

REGISTERED AGENT MUST SIGN

Date 2/15/00

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
PSTD	Jeff Pappas	147 Eldredge Road	Fort Walton Beach, FL 32547

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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:

Jeff Pappas

Jeff Pappas

2/15/00

850/244-5121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #