

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

DOCUMENT # P95000068669

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1. Corporation Name
Moore Pizza, Inc.

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business Mailing Address

REINSTATEMENT

9700

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

2. New Principal Office Address, if Applicable 1214 Capital Crl, S.E.		3. New Mailing Office Address, if Applicable 903 Stonehouse Rd.		4. Date Incorporated or Qualified To Do Business in Florida 09/06/95	
Suite, Apt. #, etc. D & E		Suite, Apt. #, etc.		5. FEI Number 58-2206845	
City & State Tallahassee, FL		City & State Tallahassee, FL		Applied For Not Applicable	
Zip 32301	Country USA	Zip 32301	Country USA	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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
P/D	Wendell L. Dowling, Jr.	903 Stonehouse Rd.	Tallahassee, FL 32301
S/D	Yvonne Dowling	903 Stonehouse Rd.	Tallahassee, FL 32301

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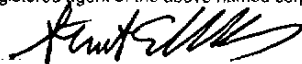
8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Yvonne Dowling
Rt. 17, Box 1442-C
Dempsey Mayo Rd.
Tallahassee, FL 32308

Name
Stuart E. Goldberg, Esq.
Street Address (P.O. Box Number is Not Acceptable)
2120 Killarney Way
Suite, Apt. #, Etc.
City
Tallahassee State
FL Zip Code
32308

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  Date **11-18-97**
REGISTERED AGENT MUST SIGN

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)(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

Date **11/19/97** Daytime Phone # **850-216-2225**

CR2E040 (12/96)