

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

97 JAN 14 PM 4:29

DOCUMENT # 95000081481

1. Corporation Name

Miss Liberty Pizzeria, Inc.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
900002059339--9  
-01/15/97--01081--010  
\*\*\*\*\*915.00 \*\*\*\*\*915.00

Principal Place of Business

1925 Liberty Ave.  
Miami Beach, FL 33139

Mailing Address

5700 Collins Ave. #8J  
Miami Beach, FL  
33140

900002059339--9  
-01/15/97--01081--011  
\*\*\*\*\*8.75 \*\*\*\*\*8.75

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

1919 Liberty Ave.

3. New Mailing Address, If Applicable

5700 Collins Ave. #8J

Suite, Apt. #, etc.

Suite, Apt. #, etc.

# 8J

4. Date Incorporated or Qualified  
To Do Business in Florida

10/23/95

5. FEI Number

65-0622895

Applied For

Not Applicable

City & State

Miami Beach, FL

City & State

Miami Beach, FL

Zip

33139

Country

DADE

Zip

33140

Country

DADE

CERTIFICATE OF STATUS DESIRED ☒

\$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)

Title(s)	1	Name of Officers and/or Directors	2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	3	City / State / Zip	4
President		Jean Marie Echemendia		5700 Collins Ave. #8J		Miami Beach, FL 33140	
Vice President		Jerald Green		6165 Pinetree Drive.		Miami Beach, FL 33140	
Secretary		Jean M. Echemendia		5700 Collins Ave. #8J		Miami Beach, FL 33140	
Treasurer		Jean M. Echemendia		5700 Collins Ave. #8J		Miami Beach, FL 33140	

**REINSTATEMENT**

8. Name and Address of Current Registered Agent

Jean Marie Echemendia  
5700 Collins Ave. #8J  
Miami Beach, FL 33140

9. Name and Address of New Registered Agent

Name Jean Marie Echemendia  
Street Address (P.O. Box Number is Not Acceptable)  
5700 Collins Ave. #8J  
Suite, Apt. #, Etc. # 8J  
City Miami Beach State FL Zip Code 33140

10. 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 1/13/97

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 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/96

Date

(305) 531-1919

Daytime Phone #

CR2C040 (12/95)