

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

4. Date Incorporated or Qualified To Do Business in Florida  
10/23/95

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
# 8J

5. FEI Number  
65-0622895

Applied For  
Not Applicable

City & State  
Miami Beach, FL

City & State  
Miami Beach, FL

Zip ~~33139~~ 33139 Country DADE

Zip 33140 Country DADE

6. 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)

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
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** 96-97 750 1/14/97

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 #

CR22040 (1/2/95)