

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 25 AM 11:16

DOCUMENT # P96000028158

1. Corporation Name

DEANGELO'S NEW YORK PIZZA, INC.

Principal Place of Business

Mailing Address

2311 SEMORAN BLVD.
APOPKA FL 32703

2311 SEMORAN BLVD.
APOPKA FL 32703

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
2449 E Semoran Blvd
City & State
APOPKA, FL

Suite, Apt. #, etc.
2449 E Semoran Blvd
City & State
APOPKA, FL

Zip
32703

Country
U.S.A

Zip
32703

Country
U.S.A

REINSTATEMENT 01

4. Date Incorporated or Qualified
To Do Business in Florida

03/28/1996 SP

5. FEI Number

59-3372416

Applied For

Not Applicable

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	4 City / State / Zip
DPT	DEANGELO, JOSEPH J	2311 SEMORAN BLVD.	APOPKA FL 32703
DVS	DEANGELO, PAMELA B	2311 SEMORAN BLVD.	APOPKA FL 32703
DPT	DeAngelo, Joseph J	2449 E Semoran Blvd.	APOPKA FL 32703
DVS	DeAngelo, Pamela B	2449 E Semoran Blvd.	APOPKA FL 32703
			000004679480--6 -11/14/01--01092--004 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DEANGELO, JOSEPH J
2311 SEMORAN BLVD.
APOPKA FL 32703

Name
DeAngelo, Joseph J
Street Address (P.O. Box Number is Not Acceptable)
2449 E Semoran Blvd
Suite, Apt. #, Etc.
City
APOPKA
State
FL
Zip Code
32703

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
Joseph J DeAngelo
REGISTERED AGENT MUST SIGN

Date 10/23/01

11. 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:

Joseph J DeAngelo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/01

Date

(407)884-0522

Daytime Phone #

CR2E040 (8/01)