

1 of 3

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
**Katherine Hams**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 MAY 20 PM 3:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P96000041106

1. Corporation Name

D. Pizza Company

2. Principal Office Address

4019 El Prado Boulevard

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coconut Grove, FL

City & State

Zip Country Zip Country

33133

usa

Country

4. Data Incorporated or Qualified  
To Do Business in Florida May 10, 1996

5. FEI Number

65-0665061

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

58.75 Annual Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hays St.

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, VS.

Signature of  
Registered Agent

X *Deborah D. Skipper*

REGISTERED AGENT MUST SIGN

Deborah D. Skipper  
Asst. V. Pres.

Date 5/20/02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title

Name of  
Officers and/or Directors

Street Address of Each  
Officer and/or Director

City / State / Zip

Pres

Dennis Gilman

4019 El Prado Boulevard

Coconut Grove, FL 33133

100005575491

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:

*Dennis Gilman*, DENNIS GILMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/02

Date

305-  
661-2277

Daytime Phone #

20f3

**D. PIZZA COMPANY  
4019 EL PRADO BOULEVARD  
COCONUT GROVE, FL 33133**

May 13, 2002

Department of State  
Division of Corporations  
409 East Gaines St.  
Tallahassee, FL 32399

Ladies/Gentlemen:

In connection with the reinstatement of D. Pizza Company in Florida, I hereby request that the Certificate of Status requested in the Reinstatement Form be mailed to my attorney at the following address: John A. Anderson, Esq., Harter, Secrest & Emery LLP, 1600 Bausch & Lomb Place, Rochester, New York 14604-2711.

Thank you for your attention in this matter.

Very truly yours,



Dennis Gilman, President

3013



ACCOUNT NO. : 072100000032  
REFERENCE : 583123 7281937  
AUTHORIZATION : *Patricia Pizito*  
COST LIMIT : \$ 1508.75

ORDER DATE : May 16, 2002

ORDER TIME : 12:58 PM

ORDER NO. : 583123-005

CUSTOMER NO: 7281937

CUSTOMER: Mr. Dennis Gilman  
D. Pizza Company  
4019 El Prado Blvd

Cocoanut Grove, FL 33133

RECEIVED  
02 MAY 20 PM 2:51  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: D. PIZZA COMPANY

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward

EXAMINER'S INITIALS \_\_\_\_\_