

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 MAR -7 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 096000083488

1. Corporation Name

AVENTURA PIZZA SYSTEMS, INC.

2. Principal Office Address

2601 Hollywood Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

2601 Hollywood Blvd.

Suite, Apt. #, etc.

City & State

Hollywood, FLA.

Zip

33020

Country

USA

City & State

Hollywood, FL.

Zip

33020

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/9/1996

5. FEI Number

65-0702886

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

BARNEY N. WEINKLE

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

718 DIPLOMAT PARKWAY

Suite, Apt. #, Etc.

200013699562

03/07/03--01082--014 ***308 75

City

HALLANDALE, FL.

State

FL

Zip Code

33009

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

B N Weinkle

REGISTERED AGENT MUST SIGN

Date 2/28/03

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	BARNEY N. WEINKLE	718 DIPLOMAT PARKWAY	HALLANDALE, FL. 33009

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:

B N Weinkle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/03

Date

954-926-0481

Daytime Phone #

CR2E081 (10/02)

25 3/10

THE WEINKLE GROUP

February 28th, 2003

Florida Dept. of State
Secretary of State
Division of corporations
409 E. Gaines Street
Tallahassee, Florida 32399
1-850-245-6059

Re: Aventura Pizza Systems, Inc.
Reinstatement

Gentlemen:

Please be advised that we changed our mailing address and we did not received form UBR for the year 2002.


Enclosed is a check for the amount of \$308.75 to pay for the reinstatement of the foregoing corporation and a Certificate of Status.

Your prompt response to this request will be deeply appreciated.

Thank You.

Aventura Pizza Systems, Inc.

By:


Barney N. Weinkle, President