

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 JUN 17 AM 8:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-06/27/02--01059--014

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REINSTATEMENT 99-02

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000090156

1. Corporation Name

Fitzwilly's by P&P, Inc.

2. Principal Office Address

2500 W. OAKLAND BLVD

Suite, Apt. #, etc.

City & State

OAKLAND FL

Zip

33311

Country

FLORIDA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

SAME

4. Date Incorporated or Qualified
To Do Business in Florida

10/28/96

5. FEI Number

65-0732975

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

Jeffrey J. Neede, P.A.

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

5310 NW 33rd Avenue

Suite, Apt. #, Etc.

Suite 101

City

Fort Lauderdale

State
FL

Zip Code

33309

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

6/10/02

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	<u>Patricia Lindan</u>	<u>6025 N.W. 75th PARKLAND, FL</u>	<u>PARKLAND, FL 33067</u>
			<u>1050-00 - Adm</u>
			<u>101.25 - AR</u>
			<u>88.75 - ARSUP</u>
			<u>8.15 - Out</u>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Date

6/10/02

Daytime Phone #

954-733-1985

CR2081 (9/01)