

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR -5 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000090156**

1. Corporation Name

Fitzwill's By P & P Inc

2. Principal Office Address

**BLVD
2500 W OAKLAND PK**

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OAKLAND PARK FL

City & State

Same

Zip

Country

Zip

Country

33311

BRAND

300031746433

04/02/04--01054--009 **308.75

REINSTATEMENT

03-04 NCP

4. Date Incorporated or Qualified
To Do Business in Florida

10/30/96

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

Nedde Jeffay PA

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

5310 NW 33rd Avenue

Suite, Apt. #, Etc.

Suite 101

City

Ft. 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

REGISTERED AGENT MUST SIGN

Date **3/11/04**

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
P	PETER LINDEN	1623 CORAL RIDGE DR	CORAL SPRINGS FLA, 33071
VP	MARK CERNIGLIA	4475 NW 16 AVE	OAKLAND PARK FL 33309

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:

Peter Linden
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-04 954-733-1985

Date

Daytime Phone #

CR2E081 (01/04)