

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -5 AM 9:59

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P96000090354

1. Corporation Name

ATIS A PIZZA INCORPORATED

Principal Place of Business

1509 EAST LAS OLAS BLVD.
FT LAUDERDALE FL 33301

Mailing Address

1509 EAST LAS OLAS BLVD.
FT LAUDERDALE FL 33301

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/31/1996

5. FEI Number

65-0706328

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
D	LUCANIA, NUNZIO J	1509 EAST LAS OLAS BLVD	FT LAUDEDALE FL 33301
D	LUCANIA, MARCO	1509 EAST LAS OLAS BLVD	FT LAUDEDALE FL 33301

8. Name and Address of Current Registered Agent

LUCANIA, NUNZIO J
1509 EAST LAS OLAS BLVD.
FT LAUDERDALE FL 33301

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/28/02

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

To whom this may concern. my name is
NUNZIO LUCANIA. I CALLED YOUR OFFICE AND
they SAID they sent out A letter stating
that i had to file my uniform buisness
report And since i didnt they revoked
my licence so it COST \$600.00 DOLLARS TO
REINSTATE IT. where were located ~~at~~
my store AND the store next to me
HAVE the SAME ADDRESS 1509 one is 1509 B
the other one is 1509 A. the LAST 6 months
the store next to me change owner And
EVER SINCE IVE had A problem with my
MAIL. Ill be Honest with you buisness is so
BAD that if things Dont change ill be
closing Down in 6 months. i CANT AFFORD
it. plus i SWEAR I DID NOT get ANY
notice in the MAIL, AND im NOT SAYING
YOU DIDNT send IT. please Reinstate
my licence And WAIV the fee.

NUNZIO LUCANIA
954 801 2376