

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JUL 12 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000091183

1. Corporation Name

Sardo's Pizza

100183191441
07/12/10--01053--013 **1050.00

2. Principal Office Address - No P.O. Box #

10839 Ulmerton Rd

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Largo, FL

City & State

Zip

33778

Country

USA

Zip

Country

REINSTATEMENT

CR2E081 (6/10)

08-10

4. Date Incorporated or Qualified
To Do Business in Florida 11-1-1996

5. FEI Number

59-3411009

☐ 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

Santo Sardo

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

10839 Ulmerton Rd

Suite, Apt. #, Etc.

City

Largo

State

FL

Zip Code

33778

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

Date

7-8-10

REGISTERED AGENT MUST SIGN

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	Santo Sardo	10839 Ulmerton Rd	Largo, FL 33778

10. E-mail Address: SANTO SARDO @ GMAIL.COM

(To be used for future annual report notification)

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. I further certify, 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

7-8-10 727 581-9200

Date

Daytime Phone #

7/13/10