


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
-------------------------------------	---

DOCUMENT # **P97000041633**

1. Corporation Name

PIZZA LOVER'S OF MIAMI, INC.

Principal Place of Business

Mailing Address

**38 N.E. 102 STREET
MIAMI SHORES FL 33138**

**38 N.E. 102 STREET
MIAMI SHORES FL 33138**

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/09/1997

5. FEI Number

NOT APPLICABLE

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PTS	DARRING, STEPHANIE D ROBERTS	38 N.E. 102 STREET	MIAMI SHORES FL 33138
VP	DARRING, STEPHANIE	38 N.E. 102 STREET	MIAMI SHORES FL 33138

200004605202 4
-11/16/01--01046--015
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**LIGHTFOOT, ROCHELLE M
415 N.W. 88TH TERRACE
MIAMI FL 33150**

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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.

Signature of
Registered Agent

SIGNATURE REQUIRED
Stephanie Roberts Darring
REGISTERED AGENT MUST SIGN

Date **10/22/01**

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 REQUIRED
Stephanie Roberts Darring
Stephanie Roberts DARRING (305) 635-2000
Date: / / Daytime Phone #

10/24/01

Tyrone:

Please be advised the first notice to file with the Division Of Corporations was
Never received and we ask that all late fee's be waived. Repeated responses were
Made for a second notice with no success. Find enclosed filing documents for
Pizza Lover's Of Miami, Inc and A&S Darring Ent. Inc II and checks for \$150.00
For each corporation. Thank you for the attention given to this matter.

Sincerely,

Stephanie R. Darring