

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000073549

1. Corporation Name

MARATHON PIZZA & PASTA, INC.

Principal Place of Business

Mailing Address

605 SOMBRERO BEACH ROAD #204
MARATHON FL 33050

605 SOMBRERO BEACH ROAD #204
MARATHON FL 33050

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

2. New Principal Office Address, If Applicable
19 Sombrero Blvd

3. New Mailing Office Address, If Applicable
434 80th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Marathon FL

City & State
Marathon FL

Zip 33050 Country USA

Zip 33050 Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

08/22/1997

5. FEI Number

65-0779395

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
PD	CANIZO, BARBARA	605 SOMBRERO BEACH ROAD #204	MARATHON FL 33050
VD	CANIZO, NICHOLAS	605 SOMBRERO BEACH ROAD #204	MARATHON FL 33050
STD	SIWIK, DEBORAH	434 80TH STREET OCEAN	MARATHON FL 33050

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CANIZO, NICHOLAS
605 SOMBRERO BEACH ROAD #204
MARATHON FL 33050

Name
Deborah Siwik
Street Address (P.O. Box Number is Not Acceptable)
434 80th St.
Suite, Apt. #, Etc.

City
Marathon

State
FL

Zip Code
33050

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

Deborah Siwik
REGISTERED AGENT MUST SIGN

Date

3/2/04

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

Deborah Siwik
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/4/04

Daytime Phone #

305
943-9993

FILED

04 MAR 23 PM 12:08

SECRETARY OF STATE
FLORIDA
TALLAHASSEE

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03/23/04--01068--016--**150.00

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03/09/04--01038--026--**1500.00

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03/03/04--01038--027--**8.75

CR2E040 (9/98)