

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morthart  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 997000087648

1. Corporation Name

BIG DADDY'S PIZZA INC.

Principal Place of Business

Mailing Address

101 Sunnyside Rd #101  
Casselberry, FL 32707

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

10/10/97

5. FEI Number

59-3561419

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
President	Steve Zwicker	539 Canby Circle	Orlando FL 32761
Vice President	Joseph Sabatini	1217 Overlook Rd.	Eustis FL 32726
Vice President	OLIN GRACZYK	211 Diederich St.	Eustis FL 32726

600002824056--6  
-03/30/99--01080--024  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

Renec Morris  
5051 Andrea Blvd.  
Orlando FL 32807

9. Name and Address of New Registered Agent

Name STEVE Zwicker  
Street Address (P.O. Box Number is Not Acceptable) 539 Canby Circle  
Suite, Apt. #, Etc.  
City Orlando  
State FL Zip Code 32761

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

REGISTERED AGENT MUST SIGN

Date 1/28/99

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

Yes ☐ No ☒

(See instructions 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/99

Date

(407)339-6446

Daytime Phone #