

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

AND FILED

98 NOV 23 PM 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000005927

1. Corporation Name

LITTLE JOHN'S PIZZA, INC.

Principal Place of Business

Mailing Address

1112 N 15TH ST
IMMOKALEE FL 34142

1112 N 15TH ST
IMMOKALEE FL 34142

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

4. Date Incorporated or Qualified To Do Business In Florida

12/15/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3485999

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
D	SPENCER, JESSE	1421 DILLON LN	IMMOKALEE FL 34143

800002698168--0
-11/30/98-01137-003
****150.00 ****150.00

11/18/98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SPENCER, JESSE
4121 DILLON LN
IMMOKALEE FL 34143

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
REGISTERED AGENT MUST SIGN

Date 11/18/98

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:

SIGNATURE REQUIRED
Jesse Spencer Pres. 11/18/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11/18/98

Daytime Phone # 941/657-4100

CR2E040 (9/98)

MARTHA'S BOOKKEEPING &
INCOME TAX SERVICE

508 Washington Avenue
Immokalee, FL 34142

Martha D. Williams

(941) 657-3710

November 18, 1998

Regarding the attached reinstatement application for
Little John's Pizza, Inc.

This client did not know that this form was to be
received. This is the first time he has ever been
involved in a corporation.

Usually all my clients receive their packages there-
fore I did not verify with him. I will in the future.
Hopefully because of his inexperience with corporations
and not knowing he was to receive this package and mail
back by deadline (May 1) the penalty will be abated.

Thank you very much.

Sincerely,

Martha Williams

Attached are:
Application for reinstatement
Check for \$150.