

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

Pg 1 of 2

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000007163

1. Corporation Name

MIKE'S PIZZA & ITALIAN RESTAURANT, INC.

Principal Place of Business

Mailing Address

3000-62 DUNN AVENUE
JACKSONVILLE FL 32218

3000-62 DUNN AVENUE
JACKSONVILLE FL 32218



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

01/23/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3490571

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	KEKEC, ALPAY	3000-62 DUNN AVENUE	JACKSONVILLE FL 32218

8000003496238-3
-12/12/00--01005--022
****150.00 ****150.00

[Signature]

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KEKEC, ALPAY
3000-62 DUNN AVENUE
JACKSONVILLE FL 32218

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]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/15/00

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 19.07(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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/15/00 904-766-8288

Mike's Pizza & Italian Restaurant, Inc.
3000-62 Dunn Ave.
Jacksonville, FL 32218

Division Of Corporations
Annual Report Section
P.O. Box 6327
Tallahassee, FL 32314-6327

October 15, 2000

Dear Sir or Madam,

I have two corporations. They are named Alta Georgia, Inc. and Mike's Pizza & Italian Restaurant, Inc. Every year I receive a form for corporation annual report for my both corporation. But this year I haven't received any forms for Mike's Pizza & Italian Restaurant, Inc.. I have received it for Alta Georgia, Inc. and sent it to Department of State.

I have talked to a lady from Department of State, after I received the notice of revocation. She said that I needed to write a letter to explain the situation and send a check payable to Department of State for \$150.00. Check is enclosed with my letter.

I hope you won't need any further information. If you would, please call me at 904-766-8288.

Sincerely,



Alpay Y. KEKEC
President