

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -5 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000013667

1. Corporation Name

PICK A PAIR PIZZA, INC.

Principal Place of Business

252 NORTH FERDON BLVD.
CRESTVIEW FL 32536

Mailing Address

252 NORTH FERDON BLVD.
CRESTVIEW FL 32536

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/10/1998

5. FEI Number

59-3502770

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	4 City / State / Zip
D	WHITE, WILLIAM J	4548 WOLFTRACK RIDGE RD	CRESTVIEW FL 32536
D	WHITE, SUSAN R	4548 WOLFTRACK RIDGE RD	CRESTVIEW FL 32536
VP	HALL, JOE K	2433 HINOTE ROAD	DEFUNIAK SPRINGS FL 32433

8. Name and Address of Current Registered Agent

WHITE, SUSAN
252 NORTH FERDON BLVD.
CRESTVIEW FL 32536

9. Name and Address of New Registered Agent

Name
WILLIAM J WHITE
Street Address (P.O. Box Number is Not Acceptable)
252 N FERDON BLVD
Suite, Apt. #, Etc.
CRESTVIEW FL 32536
City
State
FL
Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10-29-02

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-29-02 850-689-0089

PICK A PAIR PIZZA, INC.

252 N. Fardon Blvd.
Crestview, FL 32536

Phone 689-0099

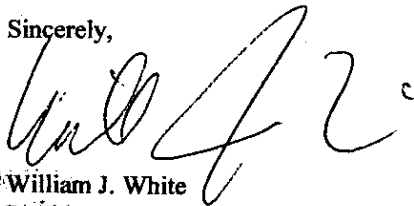
October 29, 2002

Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Dear Division of Corporations,

I am writing this letter in response to the certificate of administrative dissolution or revocation for Pick A Pair Pizza, Inc., document # P98000013667. It states that I failed to file the UBR. I filed the report about 1 week after I received the renewal document. I have a cancelled check in the amount of 150.00 made payable to the Department of State. I didn't receive the renewal in a timely manner. I am requesting reinstatement of the Corporation. I request confirmation that the corporation has been reinstated.

Sincerely,



William J. White
President