

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

04 JAN 22 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000077944

1. Corporation Name

GLOBAL PIZZA CORPORATION

2. Principal Office Address

350 E. LAS OLAS BLVD.

Suite, Apt. #, etc.

SUITE 1700

City & State

FORT LAUDERDALE, FL

Zip

33301

Country

BROWARD

3. Mailing Office Address

350 E. LAS OLAS BLVD

Suite, Apt. #, etc.

SUITE 1700

City & State

FORT LAUDERDALE, FL

Zip

33301

Country

BROWARD

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

09/09/98

5. FEI Number

522126436

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

SOUTH FLORIDA REGISTERED AGENTS, INC.

Street Address (P.O. Box Number is Not Acceptable)

350 E. LAS OLAS BLVD.

Suite, Apt. #, Etc.

SUITE 1700

City

FORT LAUDERDALE

State

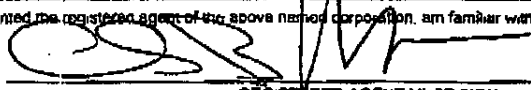
FL

Zip Code

33301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent



REGISTERED AGENT MUST SIGN

Date

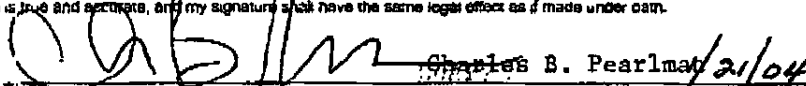
1/21/04

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	PEARLMAN, CHARLES, B	350 E. LAS OLAS BLVD., SUITE 1700	FT LAUDERDALE, FL 33301

10. 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)(j), 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:



Charles B. Pearlman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/21/04

Daytime Phone #

954-763-1200

202

Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
Fax Number : (850) 205-0384

From:

Account Name : ADORNO & YOSS, P.A.
Account Number : 076247002423
Phone : (954) 763-1200
Fax Number : (954) 766-7800

CORPORATION REINSTATEMENT

GLOBAL PIZZA CORPORATION

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$900.00

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