

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 FEB 20 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000100235

1. Corporation Name

KSS Pizza Corp

500029252335
02/23/04--01073--014 **1150.00

2. Principal Office Address

9039 Alexandra Cir
Suite, Apt. #, etc.

3. Mailing Office Address

9122 Griffin Rd
Suite, Apt. #, etc.

REINSTATEMENT 02-04

City & State

Wellington FL

City & State

Cooper City, FL

4. Date Incorporated or Qualified
To Do Business in Florida

11/25/1998

5. FEI Number

65-0879614

Applied For

Not Applicable

Zip

33414

Country

US

Zip

33328

Country

US

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Dan Grossman

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

9122 Griffin Rd

Suite, Apt. #, Etc.

City

Cooper City

State
FL

Zip Code

33328

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

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
Pres	Brenda Firestone	9039 Alexandra Cir	Wellington, FL 33414

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)(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:

Brenda Firestone
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-04

Date

9546807759

Daytime Phone #

CR2E081 (01/04)