

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10F2

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Bathurine
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

00 OCT 20 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000019687

1. Corporation Name
MOMO'S PIZZA, INC.

Principal Place of Business Mailing Address
~~1221 N. DUVAL ST.~~ **1221 N. DUVAL ST.**
~~TALLAHASSEE FL 32303~~ **TALLAHASSEE FL 32303**



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

2. New Principal Office Address, If Applicable
1416 W. Tennessee St
Suite, Apt. #, etc.
City & State
Tallahassee FL
Zip
32304 Country
USA

3. New Mailing Office Address, If Applicable
1416 W. Tennessee St
Suite, Apt. #, etc.
City & State
Tallahassee FL
Zip
32304 Country
USA

4. Date Incorporated or Qualified To Do Business in Florida
03/02/1999

5. FEI Number ☒ 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	MORGAN, DOUGLAS C	1221 N. DUVAL ST. 1909 Greenwood Drive	TALLAHASSEE FL 32303

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MORGAN, DOUGLAS C
~~1221 N. DUVAL ST.~~ **1909 Greenwood Drive**
~~TALLAHASSEE FL 32303~~ **Tallahassee FL 32303**

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** Date **10-20-00**
REGISTERED AGENT MUST SIGN

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** **Morgan** Date **10-20-00** Daytime Phone # **224-9808**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/00)

KE

MOMO'S PIZZA
1416 W TENNESSEE ST
TALLAHASSEE, FL 32304
850-224-9808

October 19, 2000

To Whom It May Concern:

Momo's Pizza, document number: P99000019687, never received an application to file our 2000 corporation annual report/uniform business report. We have had a change of address. The new address was changed with the Florida Department of state, and the Post Office. I have made the corrections on the form enclosed. I also, have included a check in the amount of \$158.75, for our reinstatement fee. I do hope that this takes care of the problem, if not please let me know.

Thank you,


Doug Morgan