

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

03 FEB 21 AM 9:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600012964456
02/21/03--01077--017 ***300.00

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000022462

1. Corporation Name
ROCKY'S PIZZA & WINGS, INC

2. Principal Office Address 10180 SW 1 ST ST Suite, Apt. #, etc.		3. Mailing Office Address 10180 SW 1 ST ST. Suite, Apt. #, etc.	
City & State PLANTATION FL		City & State PLANTATION FL	
Zip 33324	Country USA	Zip 33324	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 3-11-99

5. FEI Number 65-0900952	Applied For Not Applicable
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6. CERTIFICATE OF STATUS DESIRED § 617.0603 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name ROSANNE BAVERO

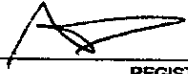
Street Address (P.O. Box Number is Not Acceptable)
10180 SW 1ST ST.

Suite, Apt. #, Etc.

City PLANTATION

State FL **Zip Code** 33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0603, F.S.


Signature of Registered Agent  **REGISTERED AGENT MUST SIGN**

Date 1/28/03

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	ROSANNE BAVERO	10180 SW 1 ST ST	PLANTATION FL 33324

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)(f), 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:  ROSANNE BAVERO

Date 1/28/03 **Daytime Phone #** 954-423-0806

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (10/02)

gt 2/24



FLORIDA DEPARTMENT OF STATE

Ken Detzner
Secretary of State

February 4, 2003

ROCKY'S PIZZA & WINGS, INC.
C/O ROSANNE BAVERO
10180 SW 1ST STREET
PLANTATION, FL 33324

SUBJECT: ROCKY'S PIZZA & WINGS, INC.
Ref. Number: P99000022462

We have received your document for ROCKY'S PIZZA & WINGS, INC. and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The total amount due to reinstate is \$300.00.

In order for our office to consider the request for waiver of the late fees, or penalties, the corporation must state the year the uniform business reports/corporate annual reports were not received.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Tyrone Scott
Document Specialist

Letter Number: 203A00007436

1/28/03

TO WHOM IT MAY CONCERN;

I NEVER RECEIVED ANY NOTICES OR
UBR FORMS. MY CORPORATION HAS BECOME
INACTIVE BECAUSE OF THIS. AS PER MY
CONVERSATION WITH YOUR OFFICE TODAY

~~PLEASE FIND ENCLOSED CHECK FOR \$300⁰⁰/_{XX}.~~

PLEASE SEND ME THE FORM FOR THE
CURRENT YEAR WHICH, I UNDERSTAND, MUST
BE SUBMITTED BEFORE 5/1/03. PLEASE
CHANGE ADDRESS TO AS FOLLOWS:

ROCKY'S PIZZA & WINGS, INC.
C/O ROSANNE BAVERO
10180 SW 1ST STREET
PLANTATION, FL 33324

FBI # 65-0900952
REF # P99000022462

THANKS!



ROSANNE BAVERO

P.S. THE UBR FORMS WERE NOT RECEIVED.
FOR THE LAST 2 YRS. THANK YOU! I REQUESTED
AN ADDRESS CHANGE TO THE DEPT. BUT THEY STILL SENT
UBR'S TO THE