

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT -2 PM 1:17

DOCUMENT # **P99000030614**

1. Corporation Name **FIVE BROTHERS PIZZA, INC.**

800003417718--0
-10/06/00--01130--007
***750.00 ***750.00

2. Principal Office Address
599 S. COLLIER BLVD.

Suite, Apt. #, etc.

3. Mailing Office Address
Same

Suite, Apt. #, etc.

City & State
NAPLES ISLAND, FL.

City & State

Zip **34145** Country **COLLIER**

Zip Country **US**

REINSTATEMENT

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4. Date Incorporated or Qualified
To Do Business in Florida **4/2/99**

5. FEI Number
59-3570253

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

Ann T. Frank

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

2124 AIRPORT RD. S. STE 102

Suite, Apt. #, Etc.

City

NAPLES

State
FL

Zip Code

34112

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

Ann T. Frank

REGISTERED AGENT MUST SIGN

Date **9/27/00**

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	JOHN GARDNER	5995 COLLIER BLVD.	NAPLES ISLAND FL - 34145
VP	"	"	"
Secy	"	"	"
Treas	"	"	"

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-27-00

Date

(941) 394-5100

Daytime Phone #