

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 DEC -6 PM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000041863**

1. Corporation Name

Fortino's Pizza, Inc.

2. Principal Office Address

8595 College Parkway

Suite, Apt. #, etc.

Suite 63

City & State

Fort Myers, FL

Zip
33919

Country

U.S.A.

3. Mailing Office Address

P.O. Box 61165

Suite, Apt. #, etc.

City & State

Fort Myers, FL

Zip

33906

Country

U.S.A.

REINSTATEMENT 2000

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

May 1999

5. FEI Number

650917314

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

Donald Fortin

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

5100 So. Cleveland Ave

Suite, Apt. #, Etc.

Suite 318-311

City

Fort Myers

State

FL

Zip Code

33907

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

Donald W Fortin

REGISTERED AGENT MUST SIGN

Date

11-28-00

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
President	Don Fortin	5100 So. Cleveland Ave.	Fort Myers, FL 33907
Secretary			

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*****750.00 ***750.00**

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:

Donald W Fortin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-28-00

Daytime Phone #

941-470-2324

CR2E081 (9/99)