

# APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Tallahassee, Florida  
Secretary of State  
DIVISION OF CORPORATIONS

1042

FILED

00 DEC 15 AM 11:16

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



DOCUMENT # P99000060426

1. Corporation Name

ZIZA'S PIZZA I, INC.

Principal Place of Business

Mailing Address

915 SAND LAKE RD  
ALTAMONTE SPRINGS FL 32714

915 SAND LAKE RD  
ALTAMONTE SPRINGS FL 32714

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/09/1999

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	VEGA, IVAN	105-107 NORTHWOOD AVE	LONGWOOD FL 32751
D	TEJPAR, AZIZ	4645-4647 PARKBREEZE CT	ORLANDO FL 32808

100003514691--8  
-12/27/00-01073-013  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SCHICK, BETH S  
204 N WYMORE RD  
WINTER PARK FL 32789

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  
REGISTERED AGENT MUST SIGN

Date

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.

KE

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2062

Altamonte Spring, October 30, 2000

**Division of Corporations  
Annual Report/Reinstatement Section  
Tallahassee, FL 32314-6327**

**To Whom It May Concern:**

I am writing this letter to inform you that I have not received the 2000 report form for corporation reinstatement until October 10, 2000.

~~This is Ziza's Pizza I, Inc. First year, so we were unaware of this procedure.~~

I will greatly appreciate it if you could please waive any penalty fee that has been accumulated to this date.

Sincerely yours,

  
Ivan Vega  
President

C/c. file

P.S. This is my second attempt to write to  
you and also I have called for advice <sup>3x</sup> and  
was told to resend the letter and hopefully  
everything will be straightened out.  
I have spoken to Leslie + Michelle from your  
office.