

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

02-03



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 JUN 16 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000060426

1. Corporation Name

ZIZA'S PIZZA I, Inc.

2. Principal Office Address

448 Cheelah Trail.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Apopka, FL

City & State

Zip

Country

32712

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

7/6/99

5. FEI Number

593586199

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

Ivan Vega

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

448 Cheelah Trail

Suite, Apt. #, Etc.

City

Apopka

State

FL

Zip Code

32712

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

Ivan Vega

Date

6/3/03

REGISTERED AGENT MUST SIGN

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	IVAN VEGA, PRESIDENT	448 Cheelah Trail Apopka, FL 32712	Apopka FL 32712
DIRECTOR	AZIZ TEJAN, DIRECTOR	221 SHELDON WEST	MAITLAND FL 32751

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:

Ivan Vega

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/3/03

Daytime Phone #

3216595010

CR2E081 (10/02)

Ziza's Pizza 1, Inc.
448 Cheetah Trail
Apopka, FL 32712
Tel : 321.689.8010

Department of State
Div. of Corporations
409 East Gaines St.
Tallahassee, FL 32399

Ref : Document number P99000060426 – Reinstatement

To Whom It May Concern:

I would be very grateful if you could kindly waive the penalties for reinstating my company as it would cause my company tremendous hardship given the state of the economy and the lack of business.

I was under the impression that my accountant/bookkeeper had taken care of this as was customary for him to do so in the past. Unfortunately, because of his several illnesses and the consequent problems of follow-up, I found out that he had not filed in a timely manner.

It would be a great help if you could kindly reinstate my company. I have enclosed a check for \$300 for the annual fee. Please kindly contact Mr. Aziz Tejpar at 407.256.7030 if you have any further questions.

With kind regards,
Sincerely,



Ivan Vega, President