

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

01 APR 16 PM 4:26

DOCUMENT # P99000078405

1. Corporation Name

T.B.P. PIZZA INC.

2. Principal Office Address

8638 Robilina Rd

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Port Richey FL

Zip

Country

Zip

Country

34668

U.S.A.

REINSTATEMENT

00-07

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

08-1999

5. FEI Number

59-3595933

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

Karen Kimble

800004035198-5

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

8638 Robilina Rd

-04/20/01--01057--014

****900.00 ****900.00

Suite, Apt. #, Etc.

City

Port Richey

State

FL

Zip Code

34668

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**

[Signature]

Date 4-1-01

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
<u>P</u>	<u>Karen Kimble</u>	<u>8638 Robilina Rd</u>	<u>Port Richey FL 34668</u>
<u>VP</u>	<u>Susan Mahony</u>	<u>12 Bancroft St</u>	<u>Lynnfield MA 01940</u>

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] Karen Kimble

Date 4-1-01

Daytime Phone # 727-847-5152

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/00)