

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 27 AM 10:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000078405

1. Corporation Name

T.B.P. PIZZA INC

Principal Place of Business

Mailing Address

8424 RIDGE RD
PORT RICHEY FL 34668

6114 13TH AVE
NEW PORT RICHEY FL 34653

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

09/01/1999

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. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	KIMBLE, KAREN L	6114 13TH AVE	NEW PORT RICHEY FL 34653

500024167205
10/27/03-01062-015 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KIMBLE, KAREN L
6114 13TH AVE
NEW PORT RICHEY FL 34653

Name

Karen L. Kimble

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

7611 Briarwood Drive

Suite, Apt. #, Etc.

City

Port Richey

State

FL

Zip Code

34668

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/20/03

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.

SIGNATURE:

[Signature]

Karen L. Kimble

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/20/03 727-389-0834

Date

Daytime Phone #

2 10/30

01200000 AT