

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

page 1 of 2

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 DEC 28 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000098794

1. Corporation Name

GINO'S BEACH PIZZA, INC.

Principal Place of Business

1200 EAST 8TH STREET
LYNN HAVEN FL 32444

Mailing Address

1200 EAST 8TH STREET
LYNN HAVEN FL 32444

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/10/1999

5. FEI Number

593608205

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PTD	TODA, JANET	1200 EAST 8TH STREET	LYNN HAVEN FL 32444
SVD	TODA, JOHN R	1200 EAST 8TH STREET	LYNN HAVEN FL 32444

200003533802--7

-01/11/01--01106--004

****158.75 ****158.75

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

John Toda

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

1200 E. 8th St

Suite, Apt. #, Etc.

City

Lynn Haven

State

FL

Zip Code

32444

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

10/28/00

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.

JOHN R. Toda

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-28-00

Daytime Phone #

850-832-2704

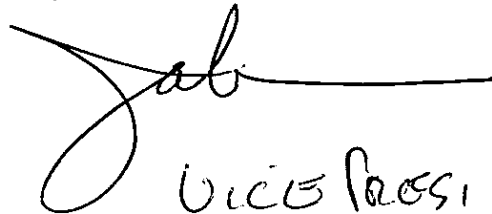
CR2ED40 (8/00)

11/28/00 ^{PPG/28/00}

DEAR Sirson Madano.

I (JOHN TODA) Have called numerous times to find out the status of our corporation (GW'S BEACH PORCH INC), We have never received any notices from the State of Florida about the status filing on the \$15,000 dollar fee, I am enclosing a check \$15,000 and I am deeply sorry we did not send this in early as that it took two weeks to decision what happen with state officials

Thank you
John Toda



Vice President
GW'S BEACH PORCH INC