

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 OCT -1 AM 9:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # S42878  
Corporation Name

Pizza Group, Inc. #1

Principal Place of Business	Mailing Address
265 Sunrise Ave Suite 204 Palm Beach, FL 33480	265 Sunrise Avenue Suite 204 Palm Beach, FL 33480

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

**REINSTATEMENT** 92-99<sup>0</sup>

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4/1/91	
City & State		City & State		5. FEI Number	
Zip		Country		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <small>Set For Addition of new registered agent and new principal office address</small>					

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
S	Donald F. Mintmire	265 Sunrise Ave #204	Palm Beach, FL 33480
			400003007454--2
			-10/06/99--01062--006
			***1800.00 ***1800.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Mintmire & Associates  
Donald F. Mintmire  
265 Sunrise Avenue, Suite 204  
Palm Beach, FL 33480

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State FL	Zip Code

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

*Donald F. Mintmire*

REGISTERED AGENT MUST SIGN

Date 9-28-99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information on intangible tax.)

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)(ii), 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:

*Donald F. Mintmire*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-28-99 561-832-5696  
Date Daytime Phone #

KE