

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 OCT 29 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 591643

1. Corporation Name

MIMMO'S GOURMET PIZZA, INC.

2. Principal Office Address

290 SW 14 Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

290 SW 14th Ave

Suite, Apt. #, etc.

City & State

Pompano Beach, FL

City & State

Pompano Beach, FL

Zip

33069

Country

BROWARD

Zip

33069

Country

Broward

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0296390

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

DOMINICK DEL POZZO

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

290 SW 14 Avenue

Suite, Apt. #, Etc.

800008686638

10/30/02--01015--007 **150.00

City

Pompano Beach

State
FL

Zip Code

33069

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

x *[Signature]*

Date

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
Pres	DOMINICK DEL POZZO	777 S. Federal Hwy # RP 310	Pompano Beach, FL 33062

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:

x *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

934-781-4999

CR2E081 (9/01)

js 11/5/02



MIMMO'S GOURMET PIZZA

290 S.W. 14th Avenue • Pompano Beach, Florida 33069
(954) 781-4999 • FAX (954) 781-8777

October 23rd, 2002

Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

To whom it may concern,

Enclosed you will find a fully completed and signed Corporation Reinstatement form. As indicated during our conversation with your Customer Service representative, our annual report was mailed to your office in May 2002, but obviously was never received. We have confirmed that our payment made at the time remains outstanding with our bank.

We are also enclosing a check in the amount of One hundred fifty Dollars (\$150.00) which is the fee required for the attached filing.

Should you have any questions regarding this matter, please feel free to contact me at 954-781-4999.

Sincerely;

Dominick Del Pozzo
President

Enclosures