

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # V56935

1. Corporation Name

S.W. FLORIDA OVENS, INC.

Principal Place of Business

SIX PPG PLACE
SUITE 1110
PITTSBURGH PA 15222

Mailing Address

SIX PPG PLACE
SUITE 1110
PITTSBURGH PA 15222

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

2. New Principal Office Address, If Applicable

2101 Greentree Road

Suite, Apt. #, etc.

A-113

City & State

Pittsburgh

PA

Zip

15220

Country

USA

3. New Mailing Office Address, If Applicable

2101 Greentree Road

Suite, Apt. #, etc.

A-113

City & State

Pittsburgh

PA

Zip

15220

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

08/12/1992

5. FEI Number

59-3138061

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
VPD	PERR, JOEL S.	SIX PPG PL., #1110 2101 Greentree A-113 Road	PITTSBURGH PA 15220
VP	DIFRANGO, GERALD W.	SIX PPG PL., #1110 2101 Greentree Rd A-113	PITTSBURGH PA 15220
PD	THOMPSON, ROBERT M.	SIX PPG PLACE #1110 2101 Greentree A-113 Road	PITTSBURGH PA 15220
STD	GREBOWSKI, FRANK L.	SIX PPG PLACE #1110 2101 Greentree A-113 Rd.	PITTSBURGH PA 15220

8. Name and Address of Current Registered Agent

COCKEY, PRESTON O., JR.
ONE TAMPA CITY CENTER, STE. 2100
201 NORTH FRANKLIN
TAMPA FL 33601

9. Name and Address of New Registered Agent

Name

Tom Geis

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

273 Bellair Drive N.E.

Suite, Apt. #, Etc.

City

St. Petersburg

State

FL

Zip Code

33704

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

Thomas A. Geis

REGISTERED AGENT MUST SIGN

Date 11-5-97

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.)

12. 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:

THOMAS A. GEIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ✓

Date 11/3/97

Daytime Phone # 412-276-1666

CR2E040 (8/97)