

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 SEP 23 PM 12:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V59477

1. Corporation Name **THE UPPER CRUST PIZZA, Inc.**
The Upper Crust Pizza Company of Jacksonville, Inc.

2. Principal Office Address
1696 Trafalgar Ct.

Suite, Apt. #, etc.

City & State
Orange Park, FL

Zip
32003

Country
Clay

3. Mailing Office Address
Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida 8/21/92

5. FEI Number

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Randal C. Fairbanks

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

228 Ponte Vedra Park Drive

Suite, Apt. #, Etc.

Suite 200

City

Ponte Vedra Beach

State
FL

Zip Code
32082

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

Randal C. Fairbanks

REGISTERED AGENT MUST SIGN

Date 9-22-03

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
D/P	James F. Holmes	1696 Trafalgar Ct.	Orange Park, FL 32003
D/VP/S	Salvatore A. Zambito	24 Huntington Ct.	Williamsville, NY 14221

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:

James F. Holmes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-22-03

Date

(904) 993-3371

Daytime Phone #

CR20081 (10/02)