

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

98 FEB 27 AM 8:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 160134

1. Corporation Name

Pic-A-Pizza Inc.

Principal Place of Business

Mailing Address

WA9-28701

The LOOP  
14444 Beach Blvd. JAX. FL 32250-2002

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

000002447420--7  
-03/04/98--01110--011  
\*\*\*1050.00 \*\*\*1050.00

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.		5. FEI Number	
City & State		City & State		59-2008 3138153	
Zip		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$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)			
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
Vice Pres	Jimmy Battleh	4324 San Martarroad.w. Jax, FL.	32257
President	Jeanette Bajalia	125 Sea Lily Ln.	Pontevedra 32082

REINSTATEMENT 96-98  
A. Alan  
2/27/98

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Stephen C. Joost 3410 Kori Rd JAX. FL 32257		Name Stephen C. Joost Street Address (P.O. Box Number is Not Acceptable) 3410 Kori Rd Suite, Apt. #, Etc. City JAX. State FL Zip Code 32257	

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: *Stephen C. Joost* Date: 2/24/98

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: *Jeanette Bajalia* Date: 12/23/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Jeanette Bajalia Daytime Phone #