

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 NOV 29 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO2000051588

1. Corporation Name
Bizzarro's Pasta & Pizza, INC.

2. Principal Office Address - No P.O. Box # <u>218 Hwy A1A</u>		3. Mailing Office Address <u>218 Hwy A1A</u>	
Suite, Apt. #, etc. <u>Suite A</u>		Suite, Apt. #, etc. <u>Suite A</u>	
City & State <u>Satellite Beach, FL</u>		City & State <u>Satellite Beach, FL</u>	
Zip <u>32937</u>	Country <u>US</u>	Zip <u>32937</u>	Country <u>US</u>

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida
05/06/02

5. FEI Number
010716549 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
Schillinger, Charles A ESQ

Street Address (P.O. Box Number is Not Acceptable)
1311 Bedford DR

Suite, Apt. #, Etc.

City
Melbourne

State
FL

Zip Code
32940

800242234998
11/29/12--01027--014 **750.00

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 [Signature], ESQ Date 11/27/12

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
<u>Pres</u>	<u>George Hagal</u>	<u>Shorewood DR Apt 302</u>	<u>Cape Canaveral FL 32920</u>

REINSTATEMENT

NOV 30 2012
T. SCOTT

10. E-mail Address: _____
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: [Signature] Date 11/27/12

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR