

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthan
Secretary of State

DIVISION OF CORPORATIONS

FILED

98 JUN 25 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V36304

1. Corporation Name

GEMINI PIZZA AND PASTA, INC.

Principal Place of Business

103 S. U.S. HWY. 1
JUPITER FL 33477

Mailing Address

103 S. U.S. HWY. 1
JUPITER FL 33477

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

97-98
00

4. Date Incorporated or Qualified To Do Business in Florida

05/13/1992

5. FEI Number

65-0335415

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	SCUDERI, THOMAS J	7245 S.E. SEAGATE LANE	STUART FL 34997
V	SCUDERI, JAMES	123 RENAISSANCE CIRCLE	JUPITER FL 33458
T	SCUDERI, ANGELO	123 RENAISSANCE CIRCLE	JUPITER FL 33458
S	SCUDERI, JEAN	123 RENAISSANCE CIRCLE	JUPITER FL 33458

500002578115-1
-06/30/98-01046-011
****900.00 ****900.00

8. Name and Address of Current Registered Agent

SCUDERI, JEAN
123 RENAISSANCE CIR.
JUPITER FL 33458

9. Name and Address of New Registered Agent

Name SCUDERI, JAMES
Street Address (P.O. Box Number is Not Acceptable) 3706 S.W. SUNSET TRACE CIRCLE
Suite, Apt. #, Etc.
City PALM CITY State FL Zip Code 34990

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 *James Scuderi*

REGISTERED AGENT MUST SIGN

Date 4-22-98

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: *James Scuderi*

Joanne Scuderi

Date 4-22-98 561-746-5544
Daytime Phone #

CR2E040 (8/97)