PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 22 AM 10:45
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P00000064099**

1. Corporation Name

PITA KING, INC.

Principal Place of Business	Mailing Address
4913 SOUTHWEST 32 WAY FORT LAUDERDALE FL 33312	4913 SOUTHWEST 32 WAY FORT LAUDERDALE FL 33312

REINSTATEMENT 03

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
5650 STIRLING RD	5650 STIRLING RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HOLLYWOOD, FL	City & State: HOLLYWOOD, FL
Zip: 33021 Country: USA	Zip: 33021 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 07/03/2000

5. FEI Number: 65-1020686 ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSD	ANIDJAR, BARUCH Y	~~4913 SOUTHWEST 32 WAY~~ 5650 STIRLING RD	~~FORT LAUDERDALE FL 33312~~ HOLLYWOOD, FL 33021
			300024012453 10/22/03--01038--016 **150.00

8. Name and Address of Current Registered Agent

BENGIO, DANIEL
4100 N 42ND AVE
HOLLYWOOD FL 33021

9. Name and Address of New Registered Agent

Name: BENGIO, DANIEL
Street Address (P.O. Box Number is Not Acceptable): 2525 N STATE RD 7, 5000
Suite, Apt. #, Etc.: # 115
City: HOLLYWOOD State: FL Zip Code: 33021

CR2E040 (7/03)

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. or 617.0505, F.S.

Signature of Registered Agent: _____ Date: 10/13/03
REGISTERED AGENT MUST SIGN

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., 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: _____ 10/13/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

HL BC

HOFFMAN, LEVY, BENGIO & COHEN, PL
Certified Public Accountants and Consultants
2525 N. STATE ROAD 7 • SUITE 115
HOLLYWOOD, FL 33021
TEL: (954) 966-1141 • FAX: (954) 966-2474

October 13, 2003

Uniform Business Report
Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Pita King, Inc.

To Whom It May Concern:

Enclosed please find a copy of the UBR for 2003 for Pita King, Inc. as well as a check for $150.00.

Both he corporation and the registered agent changed addresses during 2003 and only received the forwarded mail recently.

At this time, we respectfully request that you waive the late penalties and accept the enclosed check as full payment. Should you have any questions, please do not hesitate to contact me at 954-966-1141 x-222.

Thanking you in advance,

Sincerely,

Daniel Bengio, CPA

Encl.