

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 460321

FILED
Oct 07, 2009
Secretary of State

Entity Name: LEONARDO'S PIZZA BY THE SLICE, INC.

Current Principal Place of Business:

1245 W. UNIVERSITY AVENUE
GAINESVILLE, FL 32602 US

New Principal Place of Business:

Current Mailing Address:

1245 W. UNIVERSITY AVENUE
GAINESVILLE, FL 32602 US

New Mailing Address:

FEI Number: 59-1549608 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOLOMON, SANDY JO
6815 NW 57TH WAY
GAINESVILLE, FL 32606 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: STEVEN D. SOLOMON

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SOLOMON, STEVE
Address: 5608 NW 99 TERR
City-St-Zip: GAINESVILLE, FL 0,

Title: ST () Delete
Name: SOLOMON, SANDY
Address: 5608 NW 99 TERR
City-St-Zip: GAINESVILLE, FL

Title: VP () Delete
Name: NEWMAN, MARK
Address: 3214 N.W. 51ST PL
City-St-Zip: GAINESVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: NEWMAN, MARK
Address: 706 W. UNIVERSITY AVENUE
City-St-Zip: GAINESVILLE, FL 32601

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK B. NEWMAN

VP

10/07/2009

Electronic Signature of Signing Officer or Director

Date