2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F08000003237

Entity Name: JUST PIZZA FRANCHISE SYSTEMS, INC.

FILED Nov 02, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
--------------------------------------	----------------------------------

1530 MILITARY ROAD KENMORE, NY 14217

Current Mailing Address: New Mailing Address:

PO BOX 648 1530 MILITARY ROAD KENMORE, NY 14217 KENMORE, NY 14217

FEI Number: 30-0205789 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US

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: VINCENT P MANGIONE

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: PRFS (X) Change () Addition ALLOY, RUDOLPH JR ALLOY, RUDOLPH JR Name: Name: 1530 MILITARY ROAD 1530 MILITARY ROAD Address: Address: City-St-Zip: KENMORE, NY 14217 City-St-Zip: KENMORE, NY 14217

Title: DVS () Delete Title: VP (X) Change () Addition

 Name:
 MANGIONE, VINCENT
 Name:
 MANGIONE, VINCENT

 Address:
 1530 MILITARY ROAD
 Address:
 1530 MILITARY ROAD

 City-St-Zip:
 KENMORE, NY 14217
 City-St-Zip:
 KENMORE, NY 14217

Title: T () Delete Title: TRES (X) Change () Addition

 Name:
 MANGIONE, ANNE
 Name:
 MANGIONE, ANNE

 Address:
 1530 MILITARY ROAD
 Address:
 1530 MILITARY ROAD

 City-St-Zip:
 KENMORE, NY 14217
 City-St-Zip:
 KENMORE, NY 14217

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: VINCENT P MANGIONE VP 11/02/2009