

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 AUG -9 PM 1:49

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

Pizzuti, Inc. F99000005547

2. Principal Office Address

Two Miranova

3. Mailing Office Address

Two Miranova

Suite, Apt. #, etc.

Suite 800

Suite, Apt. #, etc.

Suite 800

City & State

Columbus, Ohio

City & State

Columbus, Ohio

Zip

43215

Country

Zip

43215

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/27/1999

5. FEI Number

310886981

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02-05

7. Name and Address of Current Registered Agent

Name

National Corporate Research

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

515 East Park Avenue

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

Paul O. Sullivan, VP

Date

8/6/05

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 |
|--------|--------------------------------------|---|----------------------|
| P | Ronald A. Pizzuti | Two Miranova | Columbus, Ohio 43215 |
| VP, S | Scott B. West | Two Miranova | Columbus, Ohio 43215 |
| SVP | Patti Riordan | Two Miranova | Columbus, Ohio 43215 |
| | | | |
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| | | | |

300058696043
08/17/05--01043--001 **\$89.75

10. 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:

Scott B. West

SCOTT B. WEST 8/6/05 614.280.4000
SVP - Sec. v.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PIZZUTI

August 8, 2005

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

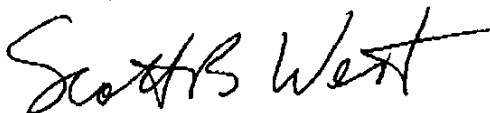
To Whom It May Concern:

Pizzuti Inc. did not receive the annual report reminder post cards. Therefore, we would like the fee for re-instatement to be waived for the years 2002, 2003, 2004, 2005.

All Pizzuti Inc. documentation should be addressed to the following:

Pizzuti Inc.
Two Miranova
Suite 800
Columbus, OH 43215

Sincerely,



Scott B. West
SVP and General Counsel