

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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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
REINSTATEMENT 02-05			
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 <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			
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			
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.		Date 8/6/05	
Signature of Registered Agent <i>Scott B. West, VP</i>		REGISTERED AGENT MUST SIGN	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	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
			3010058696043 08/17/05--11043--001 **608.75
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: <i>Scott B. West</i>		SCOTT B. WEST 8/6/05 614.280.4000 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SVP - Secy. Date Daytime Phone #	

PIZZUTI

August 8, 2005

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

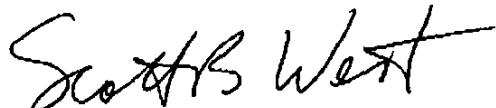
To Whom It May Concern:

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