


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

08 JUN 24 AM 10:51

CLERK OF STATE  
TALLAHASSEE, FLORIDA300131591963  
06/23/08--01048--001 \*\*450.00

REINSTATEMENT

06-08

<b>CORPORATION REINSTATEMENT</b>				<b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # H97753</b>					
1. Corporation Name <b>Brooklyn Pizza Works, Inc.</b>					
2. Principal Office Address - No P.O. Box # <b>1800 Killarney Drive</b>			3. Mailing Office Address <b>1800 Killarney Drive</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <b>Winter Park, FL</b>			City & State <b>Winter Park, FL</b>		
Zip <b>32789</b>	Country <b>US</b>	Zip <b>32789</b>	Country <b>US</b>	4. Date Incorporated or Qualified To Do Business in Florida <b>2/1/1986</b>	
5. FEI Number <b>59-2628516</b>				Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name <b>Carmelo Gagliano</b>					
Street Address (P.O. Box Number is Not Acceptable) <b>1800 Killarney Drive</b>					
Suite, Apt. #, Etc.					
City <b>Winter Park</b>			State <b>FL</b>	Zip Code <b>32789</b>	
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 _____ Date _____					
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	
	<b>Carmelo Gagliano</b>	<b>1800 Killarney Drive</b>		<b>Winter Park, FL 32789</b>	
	<i>[Signature]</i>				
10. I certify that I am an officer or director or 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 contained in Chapter 119, 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>[Signature]</i> <b>Carmelo Gagliano</b> <b>6/12/08</b> <b>321-276-5737</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					



## Widener & Lewis

499 SR 434 North, Suite 2029  
Altamonte Springs, Florida 32714  
Telephone: 407-869-0200 Fax: 407-774-0223

June 18, 2008

Department of State  
Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Brooklyn Pizza Works, Inc. #H97753

To whom it may concern:

The above-mentioned businesses never received the notice for filing the Uniform Business Report (UBR) and we respectfully request that the enclosed check be accepted as payment in full for the prior years and current year's fees for filing the UBR. We also request that the corporation be reinstated. Enclosed please find a check in the amount of \$450.

Thank you for your assistance in this matter.

Sincerely,

Dennis J. Widener, C.P.A.  
Widener and Lewis  
407-869-0200  
Enclosure

Cc: Carmelo Gagliano, Brooklyn Pizza Works, Inc.