

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 27 PM 3:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02891

1. Corporation Name
CILLUFFO'S PIZZA & PASTA INC.

2. Principal Office Address
6060 S.W. 18th ST.

3. Mailing Office Address
6060 S.W. 18th ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
BOCA RATON, FL

City & State
BOCA RATON, FL

Zip Country
33433 USA

Zip Country
33433 USA

REINSTATEMENT 94-03

4. Date Incorporated or Qualified
To Do Business in Florida 07/18/1989

5. FEI Number
65-0136455

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
IANNELLI, RICHARD JR.

Street Address (P.O. Box Number is Not Acceptable)
23337 WATER CIRCLE

500024170825

Suite, Apt. #, Etc.

10/27/03--01082--013 **1665.00

City
BOCA RATON

State Zip Code
FL 33486

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

REGISTERED AGENT MUST SIGN

Date 10/21/03

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	IANNELLI, RICHARD JR.	23337 WATER CIRCLE	BOCA RATON, FL 33486
V	IANNELLI, RICHARD SR.	1022 JEFFERY ST.	BOCA RATON, FL 33487

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/21/03
Date

Daytime Phone #

21 10/20

