


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # L03070	
1. Entity Name PAPPA LOUIE'S, INC.	

FILED
05 MAR 24 PM 3:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 724 SOUTH US 1 PORT SAINT LUCIE, FL 34952	Mailing Address 724 SOUTH US 1 PORT SAINT LUCIE, FL 34952
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2. Principal Place of Business 7240 South US 1 Suite, Apt. #, etc.	3. Mailing Address 317 SE Verada Ave Suite, Apt. #, etc.
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03022005 REIN-P CR2E098 (6/04)

City & State Port Saint Lucie FL	City & State Port ST Lucie FL
Zip 34952	Country ST. Lucie
Country ST. Lucie	Zip 34983

4. FEI Number 65-0140140	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MANFREDI, LOUIS 440 SKIPPER LANE PORT ST. LUCIE, FL 34983	7. Name and Address of New Registered Agent Name Louis Manfredi Street Address (P.O. Box Number is Not Acceptable) 317 SE Verada Ave City Port ST Lucie FL Zip Code 34983
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Louis Manfredi* **3-4-05** DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST MANFREDI, SUSAN 440 SKIPPER LANE PT. ST. LUCIE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANFREDI, SUSAN 440 SKIPPER LANE PT. ST. LUCIE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MANFREDI, LOUIS 440 SKIPPER LANE PT. ST. LUCIE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800049646418 04/01/05--01007--011 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Louis Manfredi* **3-4-05** DATE

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cell **772-240-6829**
772-878-9028
Daytime Phone #

3/3/05