## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	ORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED
DOCUMENT # L09000082670 1. corporation Name L0900082670  Bellini's Brick over Pizza LC		14 APR 18 AM 10: 11 SECRETARY OF STATE TALLAHASSEE, FLORIDA
	Mailing Office Address	·
allal Delmar PL as	QG DELMAR PL	CR2E081 (11/10)
		4. Date Incorporated or Qualified To Do Business in Florida  To Do Business in Florida
Ft LAUD FZ	92. LAUDE	5. FEI Number Applied For Not Applicable
3330 USA 3	33301 USA	6. CERTIFICATE OF STATUS DESIRED for a Certificate of Status
7. Name and Address of Curi		7501000
Louis D. Padino JR		
Street Address (P.O, Box Number is Not Acceptable)  2200 Delma Ldace		100259203061 04/18/1401034022 **750.00
Suite, Apr. #, Etc.		U4/18/14U1U34U22 **/5U.8U
Ft. LAND	FL 33361	
8. 1, 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		
9. Names and Street Addresses of Each Officer and/or D	irector (Florida nonprofit corporations must list at lea	ast 3 directors)
Titles Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
MORIN LOVIS D. PAROLIND SIR WORLD DELMARPL FLAVO, PC 33301		
		APR 2 8 2014
		L. SELLERS
DEINIOGRAGITA		
REINSTATEM	EN 12012-2014	991-462 8377
10. E-mail Address: dentse & LD 60, com (To be used for future annual report notification)		
11. 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., and that all fees		
owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.  SIGNATURE:		
SIGNATURE AND TYPED	OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO	R Date Dayding Phone *