APPROVED AND FILED

06 MAY 26 PM 4:47

SECRETARY OF STATE
TALLAHASSEE FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

PLEASE ACCEPT OUR CHECK FOR "450" AND REINSTATE OUR COMPANY WE NEVER RECIEVED ANY PREVIOUS NOTICES AND WERE NOT AWARE OF OUR INACTIVE STATUS. thank you!

CR2E081 (12/05)

DOCUMENT # M90678

1. Corporation Name

MAMA MIA'S PIZZA, INC

2. Principal Office Address	3. Mailing Office Address
1841 9 ST. N.	
Suite, Apt. #, etc.	Suite, Apt. #, etc. SAME
City & State NAPLES, FLORIDA	City & State
Zip 34102 Country COLLIER	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 7/25/88

5. FEI Number 65-0059147 Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐ $ 8.75

7. Name and Address of Current Registered Agent

Name ERMINIO IANTOSCA

Street Address (P.O. Box Number is Not Acceptable) 1607 CRAYTON RD

600075529905
05/31/06--01022--009 **450.00

Suite, Apt. #, Etc.

City NAPLES State FL Zip Code 34102

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 Erminio Iantosca Date 5/15/06

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
P	ERMINIO IANTOSCA	1607 CRAYTON RD	NAPLES, FL 34102
VP	JOSEPHINE IANTOSCA	1607 CRAYTON RD	NAPLES, FL 34102

REINSTATEMENT 04-06 EK

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 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: Erminio Iantosca 5/15/06 (239)262-2827

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #