

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

03 SEP -5 AM 10:44

SECRETARY OF STATE
TALLAHASSEE FLORIDA

100022929501

09/10/03--01044--021 **300.00

REINSTATEMENT 02-07

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P00000000150			
1. Corporation Name THE ORIGINAL RENZO'S ITALIAN RESTAURANT AND PIZZA II, INC			
2. Principal Office Address 8260 SOG ROAD		3. Mailing Office Address 8260 SOG ROAD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State BOYNTON BEACH, FL		City & State BOYNTON BEACH, FL	
Zip 33437	Country USA	Zip 33437	Country USA
4. Date Incorporated or Qualified To Do Business in Florida 12-23-99		5. FEI Number 65-1013578	
		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name MICHAEL J. MCGOY	
Street Address (P.O. Box Number is Not Acceptable) 639 EAST OCEAN AVENUE	
Suite, Apt. #, Etc. STE. 101	
City BOYNTON BEACH	State FL
	Zip Code 33435

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 *[Signature]* Date 9/5/03

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
PD	EMANUEL LENA	8260 SOG ROAD	BOYNTON BCH, FL. 33437
VPS	CONCETTA LENA	8260 SOG ROAD	BOYNTON BCH, FL. 33437

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]* Date 9/5/03 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (10/02)

7/5/5

MICHAEL J. McGOEY CPA, INC.

639 EAST OCEAN AVENUE, SUITE 101

BOYNTON BEACH, FL 33435

(561) 734-8599

Fax (561) 734-8544

mjmgoey@aol.com

September 3rd, 2003

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

**RE: THE ORIGINAL RENZO'S ITALIAN RESTAURANT AND PIZZA II, INC.
#P00000000150**

Dear Justin:

As per our conversation today we are enclosing a Corporation Reinstatement form and a check in the amount of \$300.00.

We are asking that the penalty and reinstatement fee be abated, as the client never received the original bill.

Thanking you in advance for your prompt attention to this matter, if we can be of further assistance to you, please feel free to contact this office.

Sincerely,



Michael J. McGoey CPA

Enclosures/