


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000007608		
1. Entity Name TONY'S NEW YORK STYLE PIZZA, INC.		

Principal Place of Business 10550 OLD ST.AUGUSTINE ROAD, SUITE 6 JACKSONVILLE, FL 32257	Mailing Address 10550 OLD ST.AUGUSTINE ROAD, SUITE 6 JACKSONVILLE, FL 32257
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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FILED
2007 OCT 17 PM 4:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10092007 REIN-P CR2E098 (1/07)

4. FEI Number 59-3627958	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FLAT, YOUSSEF PD 6975 A1A SOUTH 2 ST.AUGUSTINE, FL 32080	7. Name and Address of New Registered Agent Name: FLAT, YOUSSEF, PD Street Address (P.O. Box Number is Not Acceptable): 6975 A1A SOUTH STE-2 City: ST. AUGUSTINE FL Zip Code: 32080
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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: X [Signature] (NOTE: Registered Agent signature required when reinstating) DATE: X 10-7-07

FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$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	PD FLAT, YOUSSEF 6975 A1A SOUTH #2 ST. AUGUSTINE, FL 32080 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FLAT, YOUSSEF 6975 A1A SOUTH #2 ST AUGUSTINE, FL 32080 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.PD FLAT, JEREMY 6975 A1A SOUTH #2 ST. AUGUSTINE, FL 32080 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.PD FLAT, JEREMY 6975 A1A SOUTH #2 ST AUGUSTINE, FL 32080 <input checked="" 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	900110922299 10/17/07--01079--017 **150.00 <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
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

REINSTATEMENT

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: X [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: X 10-7-07 Daytime Phone #