PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINSTATEMENT REINSTATEMENT Secretary of State DOCUMENT # #1000000480000 DOCUMENT # #200000480000 DOCUMENT # #200000480000 DOCUMENT # #200000480000 The Corporation Nature FIRMING PIZZERIA of Milami, Corp 1/2000 1/200000000000000000000000000000		4.		•	16 To 4 10
1. Corporation Name FIRMING P. 22210 OF Milliams, COM FIRMING P. 22210 OF Milliams FIRMING P	The first of the second of the	Secre	tary of State		
### Principal Office Address - No PO. Bux # 3. Mailing Office Address ## 3	DOCUMENT # P00000048226				LAHASSEE, FLORIDA
4. Date Incorporated or Qualified To De Business in Prodd To De Business in	Finningo Pizzeria of Miami, Con				
4. Outs incorporated or Qualified To Do Blusiness in Fordid To Plant To Do Blusiness in Fordid To Plant To Do Blusiness in Fordid To Do Blusiness in Fordid To Plant To Do Blusiness in Fordid To Plant	3120W/6AUE	120W/6AUE SAME			CR2E08+(1/07) 07-08 K
Country Zip Zi		50/18, др. и, вис			
The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived. Single Agricum of FEL 33000 8. I, being appointed the 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 Officer and/or Director Single Must be neilimitated. The Address of Each Officer and/or Director Single Must single Street Address of Each Officer and/or Director Single Must si	City & State Hiologian, F	City & State		5. FEI Numb	
Name HAUGE Chi'U Street Address of D. Box Number is Not Acceptable) Suite, Apt. #, Etc. Street Address of D. Box Number is Not Acceptable) Suite, Apt. #, Etc. Street Address of D. Box Number is Not Acceptable) Suite, Apt. #, Etc. Street Address of D. Box Number is Not Acceptable) Suite, Apt. #, Etc. Street Address of D. Box Number is Not Acceptable) Suite Street Address of Section (37,0503 of 17,0503 of	Zip Country	Zip	Country	6.	58.75 Additional Fee required
Street Address (P.O. Box Number is Not Acceptable) State (P.O. Box Number is Not Acceptable) REGISTERED AGENT MUST SIGN Date (P.O. P.O. Box Number is Not Acceptable) P. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles (P.O. P.O. Box Number is Not Acceptable) Name of Officers and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles (P.O. P.O. Box Number is Not Acceptable) Name of Officers and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles (P.O. P.O. Box Number is Not Acceptable) Name of Officers and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles (P.O. P.O. P.O. P.O. P.O. P.O. P.O. P.O	7. Name and Address of Current Registered Agent				tor a Certificate of Status
Signature of Registered Agent. 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 Name of Officers Name of Officers and/or Directors Name of Officers Name of	Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City//: 100 / Code,			circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement	
Titles Name of Officers and/or Directors Street Address of Each Officer and/or Director PD HAYGEE Chi'U 3/30 W 16 AUE Alia (Cah), FL 336/D 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 filling 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 one on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. SIGNATURE: H. A. A. W. A. A. W. S. F.S. 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 of	PREGISTERED AGENT M	am familiar with and accept the o	bligations of sect	
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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 filling 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:	Officers and/or Director		Officer and/or Director		
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:	PD HAYDEE Chi	0 31	190 W 16AU	IE .	Aiolean, Fl 33012
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	owed by the corporation have been paid and the	solution has been elimina Isli elambis of individuals list	ated, the corporate name satisfies	the requirements	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		RINTED NAME OF SIGNING	OFFICER OR DIRECTOR		7 - 5 - 08 · Daytime Phone II