

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 28 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000068181

1. Corporation Name

Soprano's Pizza Inc.

2. Principal Office Address

3990 Curry Ford Rd.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Zip

32806

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/18/2000

5. FEI Number

59-3679114

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

David S. Cohen

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

2345 Sandlake Rd.

Suite, Apt. #, Etc.

Suite 120

City

Orlando

State
FL

Zip Code
32809

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

REGISTERED AGENT MUST SIGN

Date 10/24/02

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	Ivan Vega	107 Northwood Dr.	Longwood, FL 32779
VP	Jose Carrazana	3348 Curry Ford Rd.	Orlando, FL 32806
S	William Vega	120 Debary Dr.	Debary, FL 32713

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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ivan Vega President

Date

10/24/02 (321) 689-8010

Daytime Phone #

SOPRANO'S PIZZA, INC.

3990 CURRY FORD RD.
ORLANDO, FL 32806
(407) 895-9334

paye wtz

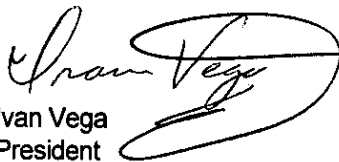
October 24, 2002

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
Division of Corporations

Dear Sir:

We did not receive first notice or second notice of the business report. Therefore please accept this as our request to have the penalties waived or removed.

Sincerely,


Ivan Vega
President