
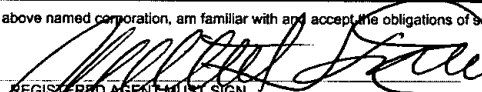
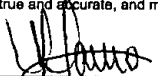


FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 SEP 14 AM 11:22

CORPORATION REINSTATEMENT		 <p>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</p>		<p>FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA</p> <p>01 SEP 14 AM 11:22</p>	
DOCUMENT # P00000073546					
1. Corporation Name MAMMA'S PIZZA, INC.					
2. Principal Office Address 10770 SW 24 ST			3. Mailing Office Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State MIAMI FL			City & State		
Zip 33165	Country MIAMI-DADE	Zip	Country	4. Date Incorporated or Qualified To Do Business in Florida 8/2/2000	
5. FEI Number 65-1038613				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 Antonio J. Solis Esq.					
Street Address (P.O. Box Number is Not Acceptable) 8500 W. FLAGLER ST A-105					
Suite, Apt. #, Etc.					
City MIAMI			State FL	Zip Code 33144	
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 			Date 9/11/2001		
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/D	PEISIS MISTRY MANSON	13371 SW 70 ST MIAMI FL 33165			
				600004611106--2	
				-09/25/01--01092--028	
				****750.00 ****750.00	
				SP	
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: 			Date 9/10/01		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Daytime Phone #					