


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 04 MAR -7 PM 4:15 SECRETARY OF STATE TALLAHASSEE, FLORIDA
DOCUMENT # <u>P000000105461</u>		
1. Corporation Name <u>RB Pizza Inc</u>		
2. Principal Office Address <u>450 Northlake Blvd</u> Suite, Apt. #, etc. <u>#2</u>	3. Mailing Office Address <u>Same</u> Suite, Apt. #, etc. <u></u>	300028743423 03/08/04--01050--018 **150.00 300028743423 02/13/04--01044--017 **900.00 REINSTATEMENT 02-03
City & State <u>North Palm Beach FL</u>	City & State <u></u>	4. Date Incorporated or Qualified To Do Business in Florida <u>Dec /12 /2000</u>
Zip <u>33408</u>	Country <u>Palm Beach</u>	5. FEI Number <u>65-1058014</u>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable

7. Name and Address of Current Registered Agent	
Name <u>Mohammad (mo) Rahgozar</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>450 Northlake Blvd</u>	
Suite, Apt. #, Etc. <u>#2</u>	
City <u>North Palm Beach</u>	State <u>FL</u>
	Zip Code <u>33408</u>

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 <u>[Signature]</u>	Date <u>2/3/04</u>
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
<u>D/H</u>	<u>Pres Mohammad Rahgozar</u>	<u>2562 S Canterbury Dr</u>	<u>West Palm Beach FL 33407</u>
<u>V</u>	<u>Gr Adm Lauren Rahgozar</u>	<u>2562 S Canterbury Dr</u>	<u>West Palm Beach FL 33407</u>
<u>/</u>	<u>GM Osmand Mcinnis</u>	<u>5834 Haverhill Rd</u>	<u>West Palm Beach FL 33407</u>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/3/04 561 252 7701

CR20081 (1/02)