

2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

08 OCT 30 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P00000105461	
1. Entity Name RB PIZZA INC.	

Principal Place of Business 450 N LAKE BLVD #2 NORTH PALM BEACH, FL 33408	Mailing Address 450 N LAKE BLVD #2 NORTH PALM BEACH, FL 33408
---	---

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
--	--------------------

Suite, Apt. #, etc. 450 N Lake Blvd #2	Suite, Apt. #, etc. 450 N Lake Blvd #2
---	---

City & State Lake Park FL	City & State Lake Park FL
------------------------------	------------------------------

Zip 33403	Country	Zip 33403	Country
--------------	---------	--------------	---------

10272008 REIN-P CR2E098 (1/07)

4. FEI Number 65-1058014	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	7. Name and Address of New Registered Agent
---	---

RAHGOZAR, MOHAMMAD 450 N LAKE BLVD #2 NORTH PALM BEACH, FL 33408	Name Rahgozar, Mohammad Street Address (P.O. Box Number is Not Acceptable) 450 N Lake Blvd #2 City Lake Park FL Zip Code 33403
--	--

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 <i>Mr Rahgozar</i>	DATE 10-27-08
---------------------------------	------------------

FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD RAHGOZAR, MOHAMMAD 2562 S. CANTERBURY DR. WEST PALM BEACH, FL 33407 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	124 Casa Grande CT Palm Beach Gardens, FL 33418 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD RAHGOZAR, LAUREN 2562 S. CANTERBURY DR. WEST PALM BEACH, FL 33407 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000137484210 10/30/08--01035--002 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GM MCINNIS, OSMAND 5834 HAVERHILL RD. WEST PALM BEACH, FL 33407 <input checked="" 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
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

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: <i>Mr Rahgozar</i>	DATE 10-27-08	DAYTIME PHONE # 321 431 0126
----------------------------------	------------------	---------------------------------

12/3/08