

# 1050.00


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
06 FEB 10 PM 2:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 04-06

T. Roberts FEB 14 2006  
CR2E081 (12/05)

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P01000008569

1. Corporation Name  
Ladigo's Pizza, Inc.

2. Principal Office Address 14123 Shaw Drive		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Huntersville, NC		City & State	
Zip 28078	Country US	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 01/22/01

5. FEI Number 59-1119656	Applied For Not Applicable
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6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
William P. Weatherford, Jr.

Street Address (P.O. Box Number is Not Acceptable)  
1150 Louisiana Avenue

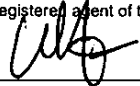
Suite, Apt. #, Etc.  
Suite 4

City  
Winter Park

State  
FL

Zip Code  
32789

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.

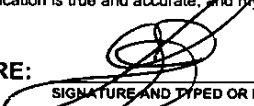
Signature of Registered Agent  REGISTERED AGENT MUST SIGN

Date Feb 1, 2006

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
D	Charles W. Ladigo	14123 Shaw Drive	Huntersville, NC 28078

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 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 2/1/2006 (704)947-8652  
Daytime Phone #