PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

		CLAOL THE	DATE HOT		0110 DEI 0112	7		FILED			
	PORATI STATEM	12 14 14 14 14		Secretary	MENT OF STATE of State oneporations			16 AM II: 2 ETARY OF STATI LASSEE, FLORIC			
DOCUMENT # P01000072564 1. Corporation Name The Original Big Daddy's Plzza, Inc.							TALLAH	HASSEE, PLONIC	<i>)</i> n		
604 New Berlin Road 604 New Berlin Road											
2. Principal 604 New		T	3. Mailing Office Address 604 New Berlin Road			REMSTATEMENT 03-04					
Suite, Apt. # Suite 6			Suite 6				4. Date Incorporated or Qualified To Do Business in Florida 07/20/2001				
City & State Jacksonville, Florida				Jacksonville, Florida		5. FEI Number 59373611					
Zip 32218		USA	^{Zip} 32218		USA	6. CERTIFICATE	OF STATU		Additional Fee r		
	7. Name and Address of Current Registered Agent										
	Name Christopher Campbell 200402										
·	Street Address (P.O. Box Number is Not Acceptable) 3012 Captiva Bluff Circle						08/16/0401079023 **908.75				
'	Suite, Apt. #, Etc.										
	City Jacksonville -							Zip Code 32226			
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 Agent REGISTERED AGENT MUST SIGN								08/12//2004			
	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				
PD	Christopher Campbell			3012 Captiva Bluff Circle			Jacksonville / Florida / 32226				
SD	Greg Govoni			14991 Cape Forrest Trail			Jacksonville / Florida / 32226				
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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 filling 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

08/12/2004

(904) 714-9097

Date

Daytime Phone #

5081 (01/04)