

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 NOV -6 PM 4:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000120754

1. Corporation Name

SOPRANO'S PIZZA INC.

2. Principal Office Address

3990 CURRY FORB RD

Suite, Apt. #, etc.

City & State

ORLANDO FL

Zip

32806

Country

ORANGE

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/21/2001

5. FEI Number

74-3625963

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

03

7. Name and Address of Current Registered Agent

Name

FRANK MANCHISI

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

6858 KNIGHT DR

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32810

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

Frank Manchisi

REGISTERED AGENT MUST SIGN

Date

11/03/03

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
Pres	FRANK MANCHISI	6858 KNIGHT DR	ORLANDO FL 32810
Sany	MANI MANCHISI	6858 KNIGHT DR	ORLANDO FL 32810

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:

Frank Manchisi

Date

11/03/03

Daytime Phone #

407-895-9334

CR2E081 (10/02)

Soprano's Pizza Inc., P01000120754

3990 Curry Ford Rd.,

Orlando, FL 32806-27202

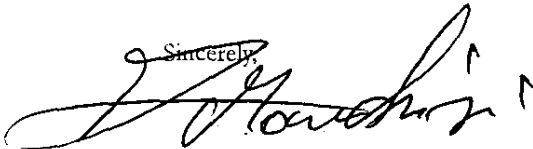
October 31, 2003

Florida Department of State
Division of Corporations
Corporate Filings
P. O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

Please accept this request for penalty wavier, due to not receiving notice of fee due. The Corporation was dissolved on 9/19/03 for failure to pay the renewal fee. This was discovered on October 16, 2003, when my accountant was searching the Division of Corporation on-line files. The Corporation changed name on 6/4/2003, however, the address was not changed due to the attorney's oversight. The business was closed at the old address in September 2002. The business reopened in February 2003, at a different address.

Sincerely,

A handwritten signature in black ink, appearing to read "Frank Manchisi", with a stylized flourish at the end.

Frank Manchisi

President