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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 27 PM 4:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000012246

1. Corporation Name
Kosher Pizza Domino, Inc

REINSTATEMENT 03

2. Principal Office Address	3. Mailing Office Address
9555 Harding Ave	9555 Harding Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Surfside Florida	City & State: Surfside, Florida
Zip: 33154 Country: Dade	Zip: 33154 Country: Dade

4. Date Incorporated or Qualified To Do Business in Florida: 2/01/2002

5. FEI Number: 14-1898008 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED ☐ ($5.00 Additional Fee required for Certified Certificate of Status)

7. Name and Address of Current Registered Agent

Name: David Rachmani

Street Address (P.O. Box Number is not Acceptable): 9555 Harding Avenue

Suite, Apt. #, Etc.:

City: Surfside | State: FL | Zip Code: 33154

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: DAVID RACHMANI Date:
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
PD	David Rachmani	9555 Harding Ave	Surfside FL 33154

10. I certify that I am an officer or director of 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: DAVID RACHMANI 10/21/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2k

Florida Department of State
Division of Corporations
Public Access System

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

CORPORATION REINSTATEMENT

KOSHER PIZZA DOMINO, INC.

Certificate of Status	0
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