

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000071553 1. Entity Name DEANO'S PIZZA, INC.		 FILED SECRETARY OF STATE DIVISION OF CORPORATION 04 DEC -9 PM 4:12 REINSTATEMENT 04	
Principal Place of Business 2310 TAMAMI TRAIL SUITE 3101 PUNTA GORDA, FL 33950		Mailing Address 215 RIO VILLA DR. LOT #3059 PUNTA GORDA, FL 33950	
2. Principal Place of Business <i>ck Frank J. Badach</i> 6070 North Federal Hwy. Suite, Apt. #, etc. Suite 110 City & State Boca Raton FL		3. Mailing Address ck Frank J. Badach Suite, Apt. #, etc. 6070 North Federal Hwy, Ste 110 City & State Boca Raton, FL	
Zip 33487	Country U.S.	Zip 33487	Country U.S.
4. FEI Number 56-2281269		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BADACH, FRANK J ESQ 568 YAMATO RD STE 200 BOCA RATON, FL 33431		7. Name and Address of New Registered Agent Name Frank J. Badach Street Address (P.O. Box Number is Not Acceptable) Relmax Services Bldg. 6070 North Federal Hwy., Suite 110 City Boca Raton FL Zip Code 33487	
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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
DATE DECEMBER 6, 2004			
FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME STARS, DEAN N <input type="checkbox"/> Delete STREET ADDRESS 215 RIO VILLA DR LOT #3059 CITY-ST-ZIP PUNTA GORDA, FL 33950	TITLE 200043043312 <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME 11/29/04--01060--004 **750.00 STREET ADDRESS CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 11/18/04 919-925-1100 <small>Daytime Phone #</small>	