

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

FILED

03 NOV -7 PM 1:34

 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P02000109451

1. Corporation Name

PIAZZA PASTA CAFE, CORP.

 700024918127
 11/21/03--01015--030 **150.00

2. Principal Office Address

1885 Hollywood Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Hollywood, FL

City & State

—

Zip

33020

Country

FLORIDA

Zip

—

Country

—

REINSTATEMENT

03

4. Date Incorporated or Qualified
To Do Business in Florida

10/02

5. FEI Number

03-0486144

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐
 \$8.75 Additional Fee required
 for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ALBERTO RUBIN

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

1885 Hollywood Blvd.

Suite, Apt. #, Etc.

City

Hollywood

State
FL

Zip Code

33020

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 11/6/03

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
P.V.	JORGE D. DERCAUTAN	1885 Hollywood Blvd	Hollywood, FL 33020
D	DANIEL MARTINEZ	1885 Hollywood Blvd	Hollywood, FL 33020

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 807.0401 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

11/6/03 954-921-0088

Date

Daytime Phone #

PIAZZA PASTA CAFE CORP.
1885 HOLLYWOOD BLVD.
HOLLYWOOD, FL 33020

2082

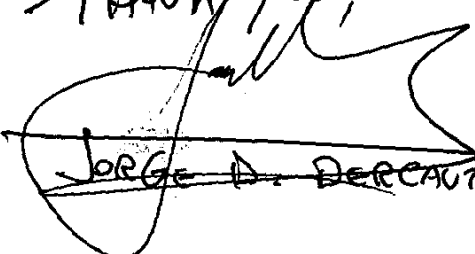
NOVEMBER 6, 2003

TO: FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
ATTN: SECRETARY OF STATE

PLEASE BE ADVISED, THAT I NEVER RECEIVED THE UNIFORM
BUSINESS REPORT FORM, THAT IS THE REASON I DID NOT
FILE THE REPORT.

I RESPECTFULLY ASK YOU, TO PLEASE WAIVE THE
REINSTATEMENT FEE.

THANK YOU,


~~JORGE A. BERCAUTAN, PRESIDENT~~