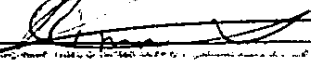
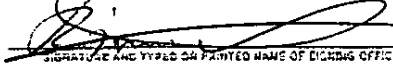


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000124814 Entity Name PITA WORKS, INC.				FILED 08 JUL 31 PM 4:03 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 9704 CLINT MOORE ROAD #103 BOCA RATON, FL 33496 US		Mailing Address 9704 CLINT MOORE ROAD #103 BOCA RATON, FL 33496 US		REINSTATEMENT 7-25-08	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		4. FEI Number	
State, Apt. #, etc.		State, Apt. #, etc.		Approved For Not Applicable	
City & State		City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Name and Address of Current Registered Agent	
DALAL, RIMON 22272 N.W. 63RD AVENUE BOCA RATON, FL 33428		7. Name and Address of New Registered Agent			
Name		Street Address (P.O. Box Number is Not Acceptable)			
City		FL Zip Code			
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 		DATE 7-25-08			
FILE NOW!!! FEE IS \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (N 11)		
TITLE	VP	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	DALAL, RIMON		NAME	400133822764	
STREET ADDRESS	22272 N.W. 63RD AVENUE		STREET ADDRESS	07/31/08--01032--004	**300.00
CITY- ST- ZIP	BOCA RATON, FL 33428		CITY- ST- ZIP		
TITLE	P	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	PARONYAN, AKOP		NAME		
STREET ADDRESS	10295 CYPRESS LAKE PRESERVE DRIVE		STREET ADDRESS		
CITY- ST- ZIP	LAKE WORTH, FL 33467		CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports was 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 recorder of public empowered to submit this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		DATE 7-25-08			
SIGNATURE AND TYPED OR PRINTED NAME OF DISBURSING OFFICER OR DIRECTOR		DATE			

7/31/08