2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000124814

Entity Name
PITA WORKS, INC.

FILED
08 JUL 31 PM 4:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 7-27-08

Principal Place of Business	Mailing Address
9704 CLINT MOORE ROAD #103 BOCA RATON, FL 33496 US	9704 CLINT MOORE ROAD #103 BOCA RATON, FL 33496 US

2. Principal Place of Business - No P.O. Box #
3. Mailing Address

Suite, Apt. #, etc. / Suite, Apt. #, etc.

City & State / City & State

Zip / Country / Zip / Country

4. FEI Number — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DALAL, RIMON 22272 N.W. 63RD AVENUE BOCA RATON, FL 33428	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 [signature] DATE 7-25-08

(NOTE: Registered Agent signature required when reinstating)

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 IN 10
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DALAL, RIMON 22272 N.W. 63RD AVENUE BOCA RATON, FL 33428 ☐ Delete	☐ Change ☐ Addition 400133822764 07/31/08--01032--004 **300.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PARONYAN, AKOP 10295 CYPRESS LAKE PRESERVE DRIVE LAKE WORTH, FL 33467 ☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition

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 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: [signature] 7-25-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

7/31