


2000 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000141193

1. Entity Name
THE FAMOUS PITA BURGER BAR INC



FILED

08 FEB 25 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**18798 WEST DIXIE HWY
NORTH MIAMI BEACH, FL 33180 US**

Mailing Address
**18798 WEST DIXIE HWY
NORTH MIAMI BEACH, FL 33180 US**

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

02182008 REIN-P CR2E098 (1/07)

4. FEI Number
20-5849339

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

8. Name and Address of Current Registered Agent

**DERHY FINANCIAL SERVICES LLC
99 NW 183RD ST
112
MIAMI, FL 33169**

7. Name and Address of New Registered Agent

Name **GIL ZAIG**

Street Address (P.O. Box Number is Not Acceptable)
18798 WEST DIXIE HWY

City **NORTH MIAMI BEACH FL** Zip Code **33180**

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]* **GIL ZAIG** DATE

Signature, typed or printed name of registered agent and file if applicable. (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		<input type="checkbox"/> Delete
TITLE	P	
NAME	ZAIG, GIL	
STREET ADDRESS	3702 NE 167TH ST	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME	RH	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

200118742762
02/25/08--01034--026 **300.00

REINSTATEMENT

RH 1-08

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]* **GIL ZAIG** Date **FEB. 20. 08** Daytime Phone #