

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000055378

FILED
Oct 06, 2009
Secretary of State

Entity Name: NEW YORK ROMA PIZZA & PASTA #7 INC

Current Principal Place of Business:

3410 MAIN HWY
COCONUT GROOVE, FL 33133 US

New Principal Place of Business:

Current Mailing Address:

1200 BRICKELL BAY DRIVE
APT 2604
BRICKELL, FL 33131 US

New Mailing Address:

FEI Number: 20-0971890 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EUVIN, TOMAS
1200 BRICKELL BAY DRIVE
APT 2604
BRICKELL, FL 33131 US

Name and Address of New Registered Agent:

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.

SIGNATURE: TOMAS EUVIN

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: EUVIN, TOMAS
Address: 1200 BRICKELL BAY DRIVE
City-St-Zip: BRICKELL, FL 33131 US

Title: P () Delete
Name: SOTO, ANGEL C
Address: 17125 N BAY RD
City-St-Zip: SUNNY ISLES, FL 33160 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: SOTO, ANGEL C
Address: 17125 N BAY RD
City-St-Zip: SUNNY ISLES, FL 33160 US

Title: S () Change (X) Addition
Name: OSORIO, CONSTANZA
Address: 17125 N BAY RD
City-St-Zip: SUNNY ISLES, FL 33160 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANGEL C SOTO

VP

10/06/2009

Electronic Signature of Signing Officer or Director

Date