
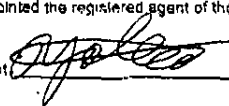
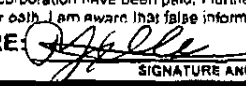


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		<div style="font-size: 2em; font-weight: bold; transform: rotate(-5deg);">FILED</div> <div style="font-size: 1.2em; font-weight: bold; transform: rotate(-5deg);">13 JUL 11 AM 10:16</div> <div style="font-size: 0.8em; font-weight: bold; transform: rotate(-5deg);">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>																													
DOCUMENT # P09000070128																																	
1. Corporation Name CHICAGO PIZZA AND COFFEE SHOP INC.																																	
2. Principal Office Address - No P.O. Box # 639 SW 12 AVENUE Suite, Apt. #, etc.			3. Mailing Office Address 639 SW 12 AVENUE Suite, Apt. #, etc.																														
City & State Miami Florida 33130		City & State Miami Florida 33130		4. Date Incorporated or Qualified To Do Business in Florida 08/19/2009 5. FEI Number 27-0800755 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <small>\$875 Additional Fee required for a Certificate of Status</small>																													
Zip 33130	Country Dade	Zip 33130	Country Dade																														
7. Name and Address of Current Registered Agent Name YOLENNIS PELAEZ Street Address (P.O. Box Number is Not Acceptable) 639 SW 12 AVENUE Suite, Apt. #, Etc. City MIAMI State FL Zip Code 33130																																	
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  Date 07/07/2011 <div style="text-align: center;">REGISTERED AGENT MUST SIGN</div>																																	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Titles</th> <th style="width: 30%;">Name of Officers and/or Directors</th> <th style="width: 30%;">Street Address of Each Officer and/or Director</th> <th style="width: 30%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>D</td> <td>YOLENNIS PELAEZ</td> <td>639 SW 12 AVENUE</td> <td>Miami Florida 33130</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>						Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	D	YOLENNIS PELAEZ	639 SW 12 AVENUE	Miami Florida 33130																				
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10. E-mail Address: _____ (To be used for future annual report notification)																																	
11. 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 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.																																	
SIGNATURE: 					7/7/2011																												
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					<small>Date</small>																												
					<small>Daytime Phone #</small>																												