	PLEASE READ	<u>ALL INST</u>	RUCTIONS	BEFORE C	OMPLET	<u>ING THIS FORM.</u>	
APPLICATION FLORIDA DEPARTMENT OF STATE Sandra B. Mortham							
REINSTATEMENT Secretary of State DIVISION OF CORPORATIONS					FILED		
DOCUMENT # P 93000042222					97 JUN -9 PM 3: 13		
1. Corporation Name					SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Mario's Pizza and Pasta House, Inc.					TALLAHASSEE, PLURIDA		
Principal Place of Business Mailing Address					[
7544 Beac	ch Blvd ille, FL 3221	7544	Beach Bl	Lvd			
			·			TATEMENT	0597
If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, if Applicable 3. New Mailing Address, if Applicable					DO NOT WRITE IN THIS SPACE 4. Date Incorporated or Qualified To Do Business in Florida		
Suite, Apt. #, etc.	Suite, Apt. #,	Suite, Apt. #, etc.			6/15/93 5. FEI Number Applied For		
City & State		City & State			59-3°	188244	Not Applicable
Zip	Country	Zip	Countr	у	•		5 Additional Fee required or a Certificate of Status
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each							
Title(s) and/or Directors			Officer and/or Directo 3 (Do NOT Use Post Office Box			Clty / Sta	ate / Zip
D/P/T/S Maria L. Catania			55 Dolph	in Blvd.	, East	Ponte Vedra	Beach, 32082
					, <u>,</u>		

						0002209 -06/11/970 ***1080.00)1121002 ***1080.00_
					***************************************	Dolok	η
Name and Address of Current Registered Agent Name					9. Name and Address of New Registered Agent		
Mondo T. Ochouda					P.O. Box Number is Not Acceptable)		
55 Dolphin Blvd, East							
Tonce vedra Beach, FL 32002				City State Zip Code			
10. L being appointed to	and a second second of the second		endina and domilian	ith and account the at	lientings of Coat	FL	
10. I, being appointed the registered agent of the above pamed corpogration, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN Date May 25/99							
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No 🗓 No 🗓 (See other side for Information on intangible tax.)							
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) In the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 60? 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 pald. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.							
SIGNATURE: Maria L. Calania, President 5/19/97 904-721-7333							