



2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P93000054041 1. Entity Name CARLUCCI'S INC.				SECRETARY OF STATE DIVISION OF CORPORATIONS 06 OCT 31 AM 10:00	
Principal Place of Business 7682 WILES ROAD POMPAÑO BEACH, FL 33067 US		Mailing Address 7682 WILES ROAD POMPAÑO BEACH, FL 33067 US		REINSTATEMENT 06 	
2. Principal Place of Business 5963 W. Hillsboro Blvd Suite B PACLAND		3. Mailing Address 5963 W. Hillsboro Blvd Suite B PACLAND		10252006 REIN-P CR2E098 (11/05)	
City & State PACLAND		City & State PACLAND		4. FEI Number 65-0589242	
Zip 33067		Country U.S.A.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROSARIO, TROIA 7682 WILES RD. CORAL SPRINGS, FL 33067			7. Name and Address of New Registered Agent Name Audrey M. Troia Street Address (P.O. Box Number is Not Acceptable) 5963 W. Hillsboro Blvd Suite B City PACLAND FL Zip Code 33067		
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 <u><i>[Signature]</i></u> 10/20/06 <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$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 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TROIA, ROSARIO 7682 WILES RD POMPAÑO BEACH, FL 33067	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700081351737 10/31/06--01013--007 **158.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TROIA, AUDREY M 7682 WILES RD. CORAL SPRINGS, FL 33067	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>[Signature]</i></u> 10/20/06 954 316 2770 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					