


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
97 MAY 14 AM 10:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94 0000 46 337

1 Corporation Name
Bella Pasta, Inc

Principal Place of Business Mailing Address

1428 BRICKELL AVENUE SAME
8th FLOOR
MIAMI FL 33131

REINSTATEMENT 95-97

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	4 Date Incorporated or Qualified To Do Business in Florida <u>6-15-94</u>
Suite, Apt # etc	Suite, Apt #, etc	5 FEI Number <u>65-0749377</u>
City & State	City & State	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <small>SB 75: Additional Fee required for a Certificate of Status</small>

7 Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/O.	ERIC P. LITTMAN	1428 BRICKELL AVE. 8th FLOOR	MIAMI FL 33131

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-05/15/97--01120--004
***1080.00 ***1080.00

5/14/97

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
<u>SPRINT CORPORATE SERVICES</u> <u>1428 BRICKELL AVE</u> <u>MIAMI FL 33131</u>	Name <u>ERIC P. LITTMAN</u>
	Street Address (P.O. Box Number is Not Acceptable) <u>1428 BRICKELL AVENUE</u>
	Suite, Apt. #, Etc. <u>8th FLOOR</u>
	City <u>MIAMI</u>
	State <u>FL</u>
	Zip Code <u>33131</u>

10 I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 807.0505, F.S.

Signature of Registered Agent: [Signature] Date: 5/13/97

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes 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 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. 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: [Signature] Eric P. Littman, Pres. Date: 5/13/97 Daytime Phone #: 3053723322

CPRE040 (12/95)