

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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DOCUMENT # **P94000074274**

1. Corporation Name

BRICK OVEN PIZZERIA, INC.

Principal Place of Business

7100 PINES BLVD.
PEMBROKE PINES FL 33024

Mailing Address

7100 PINES BLVD.
PEMBROKE PINES FL 33024

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

REINSTATEMENT *8/00*

4. Date Incorporated or Qualified
To Do Business in Florida **10/08/1994**

5. FEI Number **59-2420059** Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1 D	KNAPP, MICHAEL R.	<i>3320 SW 32 ST</i>	<i>HOLLYWOOD FL 33023</i>
P	KNAPP, SHIRLEY	3321 SW 32 AVE	HOLLYWOOD FL 33023
	<i>Cathy A Engle</i>	<i>10721 NW 21 CT</i>	<i>Sunrise 71 33322</i>
			<i>900002019099--8</i>
			<i>-12/04/96--01036--025</i>
			<i>*****300.00 *****300.00</i>
			<i>900002019099--8</i>
			<i>12/04/96--01036--026</i>
			<i>*****75.00 *****75.00</i>

8. Name and Address of Current Registered Agent

KNAPP, SHIRLEY
3321 SW 32 AVE
HOLLYWOOD FL 33023

9. Name and Address of New Registered Agent

Name *Cathy A Engle*
Street Address (P.O. Box Number Is Not Acceptable)
10721 NW 21 CT
Suite, Apt. #, Etc.
City *Sunrise* State **FL** Zip Code *33322*

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent *CATHY A. ENGLE*

Date **10/30/96**

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 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: *CATHY A. ENGLE*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **10/30/96 (95)9252** DOLMEN PHOTO