$600.00

98-01
WBR

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 APR -5 AM 9:53

DOCUMENT # P95000032855

1. Corporation Name

PITA LINE INC.

2. Principal Office Address
P.O. Box 267

Suite, Apt. #, etc.

City & State: PALM BEACH FLA

Zip: 33480   Country: U.SA

3. Mailing Office Address
P.O BOX 267

Suite, Apt. #, etc.

City & State: PALM BEACH FLA.

Zip: 33480   Country: USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
650589571

6. CERTIFICATE OF STATUS DESIRED ☑

Applied For
Not Applicable

$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: MARIA P SMITHERS

Street Address (P.O. Box Number is Not Acceptable): P.O. BOX 1060   111 N County Rd

Suite, Apt. #, Etc.

City: PALM BEACH   State: FL   Zip Code: 33480

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: Maria Pita Smithers

REGISTERED AGENT MUST SIGN

Date: 4/2/2002

CR2E081 (9/00)

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City, State / Zip
PRESIDENT	MARIA P SMITHERS	P.O BOX 267	PALM BEACH FLA 33480

10. 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: Maria Pita Smithers - MARIA SMITH   Date 1/2/2002   Daytime Phone # 561-832-7855   561-762-7007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR