PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION	
FOR	
REINISTATEMEN	ı



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

1. Corporation Name

PITA HUT ENTERPRISES, INC.

Principal Place of Business

Mailing Address

			7116 KENSING ORLANDO FE	NGTON HIGH BLVD							
,							REM	ISTATEM	ENT	23	
If above addresses are incorrect in any way, line through incorrect in 2. New Principal Office Address, If Applicable 3. New Maili				ing Office Address, If Applicable			Date Incorporated or Qualified				
2. New York						To Do Business in Florida 04/10/1996					
			Suite, Apt. #,				5. FEI Number		Applied For		
City & State			City & State WINDERMERE			E0-2061400			Not Applicable		
Zip	Co	puntry	Zip FL	من الماران	Country	36-6203	6. CERTIFICATE	OF STATUS DESIRED		tional Fee required tificate of Status	
7. Names	and Street Address	ses of Each Officer and/o	r Director (Flo	ida nonprofi			ast 3 directors)				
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director				City / State / Zip			
P	SAKHUJA, SU	7116 KENSINGTON HIGH BLVD				ORLANDO FL					
\$	SAKHUJA, SH	7116 KENSINGTON HIGH BLVD				ORLANDO FL					
D	SAKHUJA, ANKHRY STIMEER					N HIGH BLAD		ORLANDO FL			
= H	PITA HUT ENTERPRISES, INC. 9477 Westover Club Cir. Windermere, FL 34786										
					Winder	mere, PL 3476	* 70 11/06/	0024478 0301034014	557 **15i	0.00	
·			-		•						
8. Name and Address of Current Registered Agent						9. Name and Address of New Registered Agent					
					Name						
SAKHUJA, SURÈNDAR				· }	Street Address (P.O. Box Number is Not Acceptable)						
7116 KENSINGTON HIGH BLVD 9477 0					VESTOVER CLUB CIR.						

CORLANDO FL 32818

Suite, Apt. #, Etc.

WINDERMERE

Zip Code State <u> 34786-6203</u>

10. I, being appointed the registered agent o the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

FILED

03 NOV -6 PH 1: 24

SECRETARY OF STATE TALLAHASSEE, FLORIDA

11. 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 filling 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.

TED NAME OF SIGNING OFFICER OR DIRECTOR

Pita Hut Enterprises, Inc

9477 Westover Club Circle Windermere, FL 34786-6203

November 3, 2003

Division of Corporations Corporate Filings PO Box 6327 Tallahassee, FL 32314-6327

To Whom It May Concern:

I am sending copy of the Application for Reinstatement, for some reason I did not receive the Uniform Business Report for the year 2003, probably because we change the address during these year. The document number is P96000032694 (Pita Hut Enterprises, Inc), I never received the original Uniform Business Report from 2003, and I did not know we have to pay this fee every year until my bookkeepers advice me. I do not have any problem to pay the annual fee, but I asking for wave the penalty fee, please receive my check of \$150.00 for my company and I will be waiting for your answer to fix this situation.

Thank you for your time and consideration.

Sincerely.

Surendar Sakhuja

President