					1	ING THIS FORM	•	
ΆP	PLICATION		DEPARTMEN Katherine Hai					
DEIN	LANG POR	s	Secretary of State			- ASTANS TAL	ILEU RY OF STATE CURPORATIO:	
REIN	STATEMENT	DIVIS	SION OF CORPORA	ATIONS		CLOUNT OF	CORPORATIO	
DOCUMENT # <b>P96000090354</b> 1. Corporation Name					99 OCT 28 PM 4: 57			
AT'S	A PIZZA INCORPOR	ATED			1			
Principal Place of Business Mailing Address								
1509 EAST LAS OLAS BLVD. FT LAUDERDALE FL 33301			1509 EAST LAS OLAS BLVD. FT LAUDERDALE FL 33301		1 TORONTO HA 12416 BOXX BOXX BOXX BOXX BOXX BOXX BOXX BOX			
	addresses are incorrect in any way,				4 5-4-1	- Andrew		
			New Mailing Office Address, If Applicable			Date Incorporated or Qualified     To Do Business In Florida     10/31/1996		
Suite, Apt			Suite, Apt. #, etc.			5. FEI Number Applied For		
City & Sta	ate	City & State	City & State		6.	65-0706328	Not Applicable	
Zip	Country	Zip	Country				75 Additional Fee required for a Certificate of Status	
	s and Street Addresses of Each Office Name of Office	pers	Stree	et Address of Each	<u> </u>	T		
Title(s)	and/or Directors Office 3			er and/or Director	or City / State / Zip			
D	LUCANIA, NUNZIO J	1	1509 EAST LAS OLAS BLVD			FT LAUDEDALE FL 33301		
D	LUCANIA, MARCO	1	1509 EAST LAS OLAS BLVD			FT LAUDEDALE FL 33301		
							<del>-,</del>	
		1			46	400003035784~-8		
	+					-11/05/9901007004 ****150.00 ****150.00		
				· · · ·	- 4	1		
				B	W/3			
8. Name and Address of Current Registered Agent Name					9. Name and Address of New Registered Agent			
LUCANIA NUNTIO E					P.O. Boy Number is Not Acceptable)			
1509 EAST LAS OLAS BLVD.				Street Address (P.O. Box Number is Not Acceptable)				
FT U	AUDERDALE FL 33301			Suite, Apt. #, Etc				
				City		Stat		
10. I beir	ng appointed the registered agent of	the above named corpora	tion, am familiar with	and accept the o	bligations of Sect	ion 607.0505, F.S.	= <u></u>	
Signature Rigistere:	Stagest My 1	REGISTERED AGEN	NT MUST SIGN			Date Oct 21	, 1999	
this re owed	fy that I am an officer or director or t instaltement application, the reason by the corporation have been paid a s application is true and accurate, ar	for dissolution has been eli and the names of individua	iminated, the corpor ils listed on this form	ate name satisfies do not qualify for	the requirements an exemption un	of section 607.0401 or 617.0	401, F.S., that all fees	

SIGNATURE: SIGNATURE OF SIGNING OFFICER OR DIRECTOR

0049174 AF

Oct 72,1999 954-523-1313
Date Date Daylime Phone #