

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

|   |  |   |
|---|--|---|
| <b>CORPORATION<br/>REINSTATEMENT</b>  |  | FLORIDA DEPARTMENT OF STATE<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|  |  |   |

DOCUMENT # P96000091183

1. Corporation Name

Sardo Pizza

2. Principal Office Address - No P.O. Box #  
10839 Ulmerton Rd

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State  
Largo, FL

Zip  
33778

7. Name and Address of Current Registered Agent

Name  
Santo Sardo

Street Address (P.O. Box Number is Not Acceptable)  
10839 Ulmerton Rd

Suite, Apt. #, Etc

City  
Largo

State  
FL

Zip Code  
33778

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

Date

7-8-10

REGISTERED AGENT MUST SIGN

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

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| P      | Santo Sardo                          | 10839 Ulmerton Rd                                 | Largo, FL 33778    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |

10. E-mail Address: SANTO.SARDO@GMAIL.COM

(To be used for future annual report notification)

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 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. I further certify, 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: SANTO SARDO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-8-10 727581-9200  
Date Daytime Phone #

7/13/2010

FILED  
10 JUL 12 AM 8:27  
SHERIFF OF FLORIDA  
TALLAHASSEE, FLORIDA

100183191441  
07/12/10--01053-013 \*\*1050.00

**REINSTATEMENT 08-10**

CR2E081 (6/10)

4. Date Incorporated or Qualified  
To Do Business in Florida **11-1-1996**

5. FEI Number  
**59-3411009**

Applied For  
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required  
for a Certificate of Status