2007 FOR PROFIT CORPORATION REINSTATEMENT

SIGNATURE AND TYPED.

DOCUMENT # P97000040692 FILED VILLA PIZZA INVESTMENTS, INC. 07 OCT 18 AM 9: 10 Principal Place of Business Mailing Address ALONE PART OF STATE 9409 US HIGHWAY 19 25 WASHINGTON ST (ALLAHASSEE, FLORIDA **DEPT 1907 DEPT 1907** PORT RICHEY, FL 34668 MORRISTOWN, NJ 07690 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E098 (1/0 City & State City & State 4. FEI Number Applied For 59-3452560 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 City Zip Code FI 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Fam familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the After January 1, 2008, Fee will be \$300.00 corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition SCOTTO, BIAGIO NAME NAME 0001112786 1/24/07--01009--026 25 WASHINGTON ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MORRISTOWN, NJ 07690 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition PUGLIESE, BIAGIO NAME 25 WASHINGTON ST STREET ADDRESS STREET ADDRESS MORRISTOWN, NJ 07960 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered SIGNATURE: