TO A STATE OF THE STATE OF THE STATE OF

PLEASE READ ALL	INSTRUCTIONS BEFORE C	COMPLETING THIS FORM.

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APF	PLICATION	FLORI	DA DEPARTMEN Katherine Ha					
	FOR (Secretary of S			FILED	·	
REIN	STATEMENT.		DIVISION OF CORPOR	RATIONS		00 000 00 00	1 C. 1 E	
DOCUMENT # P9700053816					00 NOV 28 PM 6: 45			
1. Corporation Name					SECRETARY OF STATE TALLAHASSEE. FLORIDA			
FLORIA	ANA PASTA COM	MPANY				(MELANASSEL)	LONDA	
Principal PI	ace of Business	Mailing Ad	Mailing Address		 	B JOHN JOHN CON CONTRACTOR AND A SAID OF	ICRA CHINI PRINSI CIRCO ALIC IDAL	
4649 PARKBREEZE COURT ORLANDO FL 808			4649 PARKBREEZE COURT ORLANDO FL 808					
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If above a	ddresses are incorrect in any	way, fine through incorrec	t information and enter o	correction below.	1		_	
	ncipal Office Address, If Appli		3. New Mailing Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 06/18/1997			
Suite, Apt.	#, etc.	Suite, Apt.	#, etc.		5. FEI Number		Applied For	
City & State		City & Sta	te		1	59-3453593	Not Applicable	
Zip	Country	Zip	Country	у	6. CERTIFICATI		.75 Additional Fee required for a Certificate of Status	
7 11	and Street Addresses of Eacl	h Officer and/or Director (Florida popprofit corpora	ations must list at les	<u> </u>		or a devantage of orderes	
	Name o	f Officers Directors	Stre	eet Address of Each	n	City / S	tate / Zip	
Title(s)	2	Directors	3		4			
P ALTIF, MICHAEL G			1027 Northern Wo		WINTER SPRINGS FL 32708			
			1001 11011	112111 149	J			
						 008349 3	1426 - 9	
						~-12/11/00	01040023	
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			EINSTAT	ENEW.				
					market Correct	Garde		
					*	/ 89		
8. Name and Address of Current Registered Agent Name					9. Name and Address of New Registered Agent			
CH MAN 14/ C					2 O Day March as in Mad Associable)			
4649 PARKBREEZE COURT			Street Address (Street Address (P.O. Box Number is Not Acceptable)				
ORLANDO FL 808			Suite, Apt. #, Etc.					
			Λ	City		Staf		
10. I, bein	g appointed the registered ag	ent of the above named co	orboration, am amiliar w		obligations of Sect			
Signature o Registered	of SIC	GNATUR	極 尽水过过	HRED		Date 11/16	100	
		REGISTERED	AGENT MUST SIGN					

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 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.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Davis Phone #

0015215