

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 NOV 13 PM 6:46

DOCUMENT # P98000023810

1. Corporation Name

PITA'S International, INC.

2. Principal Office Address

601 S. Harbor Island Blvd

Suite, Apt. #, etc.

109

City & State

TAMPA FL

Zip

33602

Country

3. Mailing Office Address

601 S. Harbor Island Blvd

Suite, Apt. #, etc.

109

City & State

TAMPA FL

Zip

33602

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

59-3499218

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Drudy, TOM

700004703647-3

-12/04/01--01030--014

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

3606 W. Kennedy Boulevard

\*\*\*150.00 \*\*\*150.00

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33609

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

*[Signature]*

Date 10/31/01

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 Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	EL-KASTI Mohammed	808 S. DACE HARRY	TAMPA FL 33609
	<del>808 S. DACE HARRY</del> (EU)		

10. 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.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/31/01

Daytime Phone #

CR2E081 (9/00)

10/31/01

5105 e. fowler  
Tampa fl 33617

## Pita's Naturally Nutritious

DEAR SECRETARY OF STATE:

I am writing you this letter to inform you that I have not received the corporation annual report for the year 2001 at my actual address (14614 n. dale mabry, Tampa FL 33618). My agent advised me to call and ask for a new application.

Included in this letter are an application for reinstatement with the correct address and a check for \$150.00. Please feel free to call me should you have any question at (813) 760-6805.

Sincerely,



MOE, ELKASRI

PRESIDENT