PLE	ASE READ A	ALL INST	RUCTIONS I	BEFORE C	OMPLETI	NG :	Same Park	
APPLICATION FOR		FLORIDA	DEPARTMEN	F STATE		•		
REINSTATEME	NT	_ CI	Carry or St VISION OF CORPORA	ate ations		FILEC)	
DOCUMENT # P98000105911 1. Corporation Name					00 NOV 30 PM 4: 06			
PASTASCIUTTA, INC.					SECRETARY OF STATE TALLAHASSEE, FLORIDA			
			iw 72型ST. Room 41D					
If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable						orated or Qualified		
103 00 SW 72 M ST Suite, Apt. #, etc.		Suite, Apt. #,		<u> </u>	To Do Business in Florida 01/01/1999 5. FEI Number Applied For			
SVITE 410 City & State. MIPMI FL.		SVIST 410. City & State MIDMI, F			65-0894426 Not Applicable			
Zip Cou	om i DADE	Zip	Country	,	1	OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least Name of Officers Street Address of Each					h			
Title(s) and/or Directors 2			3 Officer and/or Director			City / State / Zip		
PTD SILVA, MARIA C			THE STUTEWEST /2NU STREET		Ma 1/10	-MAM FL 33173		
SILVA, JOEL JR.			10300 SW 72 0 ST 1 SUF 10007 SOUTHWEST 72ND STREET		112 470	MIAMI FL 33173		
V.P.D TERESA NUNEZ			103005 W 72 MD ST. SVITE 410,		vité 410,	MIAMI, 12.33173		
5.D. LUZ MARINA GALOBARDI			1030 NSW 72 1 ST. SVITE 410,			Mirm: FC 33173		
			600003505776 3 -12/19/0001054024					
					,	****15		
8. Name and Address of Current Registered Agent 9. Name and Address of New Register							30 - 025	
AMERILAWYER Street Address (P.6						00 R. Hhrvo###400.00 ****400.00 \$		
343 ALMERIA AVENUE 1801 Way #/OS								
COMAL GABLES FL 33134								
10. 1, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.,								
Signature of Registered Agent Agent Agent MUST SIGN Date 1/29/00								
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 filling 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: SIGNAT	SPAND TYPED OR PRI	NTED NAME OF	SOUNDE OFFICE ORD	RED DIRECTOR	~~~~~	. /0	-/7- 00 Daytime Phone #	
			JUEC >	ALUIT S	- ,			