


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>P99000028327</u>			
1. Corporation Name <u>J. S. Pasta, Inc.</u>			
2. Principal Office Address <u>204 SW 2nd Ave</u>		3. Mailing Office Address <u>106 SW 6th Street</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Gainesville, FL</u>		City & State <u>Gainesville, FL</u>	
Zip <u>32601</u>	Country <u>USA</u>	Zip <u>32601</u>	Country <u>USA</u>
4. Date Incorporated or Qualified To Do Business in Florida <u>3/29/1999</u>		5. FEI Number <u>59-3564986</u>	
		Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent			
Name <u>Sandra Gillespie</u>		000004679370--9	
Street Address (P.O. Box Number is Not Acceptable) <u>2615 NW 22nd Terrace</u>		11/14/01 01006 016	
Suite, Apt. #, Etc.		****908.75 ****908.75	
City <u>Gainesville</u>		State <u>FL</u>	Zip Code <u>32605</u>
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 <u>Sandra Gillespie</u>		Date <u>10/24/2001</u>	
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
PVD	Sandra Gillespie	2615 NW 22nd Terr	Gainesville FL 32605
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: <u>Sandra Gillespie</u>		Date <u>10/24/2001</u> (352) 371-3048	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

FILED
01 OCT 29 PM 6:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2001 (9/00)