
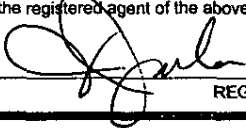
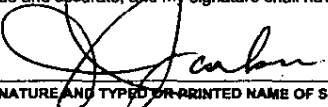


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 03 MAY 14 PM 12:12	
DOCUMENT # P99000069607				
1. Corporation Name PASTA TECHNOLOGIES INC.				
2. Principal Office Address 214 SW MIRACLE Strip Pkwy Suite, Apt. #, etc. A101 City & State FT. WALTON BEACH, FL Zip 32548 Country USA		3. Mailing Office Address 214 S W MIRACLE Strip Pkwy Suite, Apt. #, etc. A101 City & State FT. WALTON BEACH, FL Zip 32548 Country USA		4. Date Incorporated or Qualified To Do Business in Florida 7/30/1999 5. FEI Number 364309951 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent Name J. D. JARBOE Street Address (P.O. Box Number is Not Acceptable) 214 S W MIRACLE Strip Pkwy Suite, Apt. #, Etc. A101 City FT. WALTON BEACH State FL Zip Code 32548				
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  REGISTERED AGENT MUST SIGN Date 5/7/2003				
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	
CEO	J. D. JARBOE	214 S W MIRACLE Strip Pkwy UNIT # A101	FT. WALTON BEACH, FL 32548	
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: 		Date 5/7/2003 Daytime Phone # 404-271-4740		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				

CR2E081 (10/02)

rasta_reinstate2

Did not receive previous Uniform Business Reports mailed to me in Mar 2001 or any other correspondance. Requesting that you wave reinstatement fee.

Also, enlosing check for years 2002 & 2003 of \$300.

Please be advised you already have payment (\$150) for 2001.

Thank You.

J D Jarboe