


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

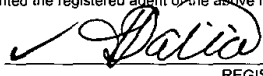
CORPORATION 		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P99000083386 1. Corporation Name DESSERT SHOPPE, Inc.			
2. Principal Office Address 3831 W. Vine Street Suite, Apt. #, etc. Unit 44 City & State MISSISSAUGA, FL Zip 34741		3. Mailing Office Address 3501 W. Vine Street Suite, Apt. #, etc. 279 City & State MISSISSAUGA, FL Zip 34741	
		4. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number 59-3602483 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

FILED

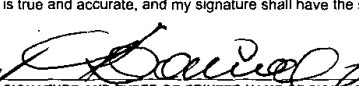
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7. Name and Address of Current Registered Agent Name Trina Dalia Street Address (P.O. Box Number is Not Acceptable) 10633 LEAFY Way Suite, Apt. #, Etc. City Orlando		100004734121-8 -12/20/01-01024-024 ***300.00 ***300.00
State	Zip Code	
FL	32821	

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  Date 11/30/2001 REGISTERED AGENT MUST SIGN	
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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
President	GAETANO Dalia	10633 LEAFY Way	Orlando, FL 32821
PHYS	TRINA Dalia	10633 LEAFY Way	Orlando, FL 32821
V-P	GAETANO Dalia	10633 LEAFY Way	Orlando, FL 32821
00-01 03178			

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Gaetano Dalia Vice President Date 11/30/2001 Daytime Phone # 407518-0744

CR2E081 (9/00)