PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 MAY 2 PM 1:27

CORPORATION REINSTATEMENT

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

DOCUMENT # P99000111212

1. Corporation Name
CAPUZZO MORE, INC.

REINSTATEMENT 00-01

2. Principal Office Address	3. Mailing Office Address
2441 Tigertail Avenue	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	SAME
City & State	City & State
MIAMI, FL 33133	SAME
Zip / Country	Zip / Country
33133 / DADE	SAME / SAME

4. Date Incorporated or Qualified To Do Business in Florida: 12/28/99

5. FEI Number: 65-0981125 — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: William H. Batallas, Esq.

Street Address (P.O. Box Number is Not Acceptable): 3531 Griffin Road

Suite, Apt. #, Etc.:

City: Fort Lauderdale — State: FL — Zip Code: 33312

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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: WHBatallas — Date: 4/25/01

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
Pres.	Francesco Morello	2441 Tigertail Avenue	Miami, FL 33133

4/25/11

10. I certify that I am an officer or director of 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: Francesco Morello — 4/25/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #