

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

<b>CORPORATION REINSTATEMENT</b>	<b>FLORIDA DEPARTMENT OF STATE</b> <b>Jim Smith</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
--------------------------------------	--

FILED

04 NOV 23 AM 10:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** 336130

1. Corporation Name

**TOWER PIZZA RESTAURANT, INC**

<b>2. Principal Office Address</b> <b>2060 SOUTH UNIVERSITY AVE</b> Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> <b>2060 SOUTH UNIVERSITY AVE</b> Suite, Apt. #, etc.	
<b>City &amp; State</b> <b>DAVIE, FL</b>		<b>City &amp; State</b> <b>DAVIE, FL</b>	
<b>Zip</b> <b>33324</b>	<b>Country</b> <b>USA</b>	<b>Zip</b> <b>33324</b>	<b>Country</b> <b>USA</b>

**REINSTATEMENT** 04

500043300515  
12/09/04--01031--004 \*\*158.75

<b>4. Date Incorporated or Qualified To Do Business in Florida</b> <b>3/8/1991</b>	
<b>5. FEI Number</b> <b>65-0250207</b>	<b>Applied For</b> Not Applicable
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/>	

**7. Name and Address of Current Registered Agent**

<b>Name</b> <b>CELESTINO DILULLO</b>		
<b>Street Address (P.O. Box Number is Not Acceptable)</b> <b>8533 NW 2ND MANOR</b>		
<b>Suite, Apt. #, Etc.</b>		
<b>City</b> <b>CORAL SPRINGS</b>	<b>State</b> <b>FL</b>	<b>Zip Code</b> <b>33071</b>

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 *Celestino Dilullo* Date 11/12/04  
 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 / Street / Zip
PRES	CELESTINO DILULLO	8533 NW 2ND AMNOR	CORAL SPRINGS, FL 33071

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: *Celestino Dilullo* Date 11/12/04 Daytime Phone # 954.476.9356  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GERALD MARCUS  
ACCOUNTANT  
10531 NW 18<sup>TH</sup> CT  
PLANTATION, FL 33322  
954-474-7031

NOVEMBER 18, 2004

GENTLEMEN,

ENCLOSED PLEASE FIND CHECK FOR \$150.00 FOR REINSTATEMENT OF  
TOWER PIZZA INC.

THE TAXPAYER DID NOT RECEIVE ANY CORRESPONDENCE UNTIL  
NOTICE OF DISSOLUTION.

YOUR CONSIDERATION ON THIS MATTER IS APPRECIATED.

A handwritten signature in black ink, appearing to read 'Gerald Marcus', written over a horizontal dashed line.

GERALD MARCUS  
ACCOUNTANT