

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 NOV 13 PM 6:44

DOCUMENT # S 59508

1. Corporation Name

PITA'S of TAMPA BAY, inc.

2. Principal Office Address

14614 N. DALE Mabry

Suite, Apt. #, etc.

City & State

TAMPA FL

Zip

33618

Country

3. Mailing Office Address

14614 N. DALE Mabry

Suite, Apt. #, etc.

City & State

TAMPA FL

Zip

33618

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/01/1991

5. FEI Number

59-3067956

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DRUDY, TOM

Street Address (P.O. Box Number is Not Acceptable)

3606 W. Kennedy Blvd.

Suite, Apt. #, Etc.

TAMPA

City TAMPA

300004703649-7

-12/04/01--01030--015

***150.00 ***150.00

State
FL

Zip Code

33609

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

Thomas

REGISTERED AGENT MUST SIGN

Date 10/31/01

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

P EL-KASBI, Mohamed

5105 E Fowler

TAMPA FL 33617

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:

Thomas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/31/01

Date

(813) 760-6805

Daytime Phone #

CR2E081 (9/00)

10/31/01

5105 e. fowler
Tampa fl 33617

Pita's Naturally Nutritious

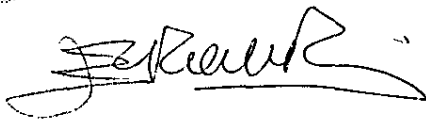
DEAR SECRETARY OF STATE:

I am writing you this letter to inform you that I have not received the corporation annual report for the year 2001 at my actual address (601 S. HARBOR ISLAND BLVD TAMPA FL 33602). My agent advised me to call and ask for a new application.

Included in this letter are an application for reinstatement with the correct address and a check for \$150.00. Please feel free to call me should you have any question at (813) 760-6805.



Sincerely,



MOE, ELKASRI

PRESIDENT



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