PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

05 JUN -1 AM 11:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V31997

1. Corporation Name

SORRENTOS PIZZA, INC.

REINSTATEMENT 03-04

2. Principal Office Address	**3.** Mailing Office Address
15802 N.W. 57th Avenue	7100 N.W. 179th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	Bldg.25 Apartment 108
City & State	City & State
Miami Florida	Hialeah Florida
Zip 33015 / Country U.S.A.	Zip 33015 / Country U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida 04/24/1992

5. FEI Number 65-0347807 ☐ 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

300055971189
06/09/05--01035--013 **450.0

Name: DOMENICO L. CIPRIANI

Street Address (P.O. Box Number is Not Acceptable): 7100 N.W. 179th Street Bldg.25 Apartment 108

Suite, Apt. #, Etc.: Apartment #108

City: Hialeah | State: FL | Zip Code: 33015

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 X _____ DOMENICO L. CIPRIANI Date 5/31/2005

REGISTERED AGENT MUST SIGN

CR2E081 (10/01)

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
PD	DOMENICO L. CIPRIANI	7100 NW 179 St. Bldg.25 #108	Hialeah Florida 33015
VPD	MASSIMO CIPRIANI	10131 S.W. 154 Circle Ct #111	Miami Florida 33196

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: X _____ DOMENICO L.CIPRIANI 5/31/2005 (305) 362-9139

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

May 20, 2005

Ref: Lorenzo Pizza, Inc.
V31999
7100 N.W. 179 St. #108 Bldg 2
Miami, Fla. 33015

Division of Corporations
P.O. Box 6327
Tallahassee, Fla. 32314

Gentleman: As per notice received informing that our Corporation has been disabled since 2003, we want to inform, that this is our first time in business and we have no knowledge that we had to send annually reports of $100.00, but we never received any communication, or information at respect, we appreciate our penalty and interest to be waived for this time, and we are sending the amount of $400.00 to reinstate our Corporation, thanks for all this help, awaiting your reply.

Sincerely,

X _____