


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000045086			
1. Corporation Name Southwest Pizza Systems, Inc.			
2. Principal Office Address 100 SE 2nd Street		3. Mailing Office Address 100 SE 2nd Street	
Suite, Apt. #, etc. #2620		Suite, Apt. #, etc. #2620	
City & State Miami, FL		City & State Miami, FL	
Zip 33131	Country USA	Zip 33131	Country USA

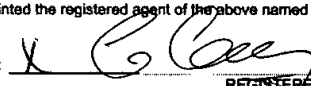
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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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 ***1800.00 ***1800.00

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number 65-0427187	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name Carlos D. Lerman, Esquire			
Street Address (P.O. Box Number is Not Acceptable) 100 SE 2nd Street			
Suite, Apt. #, Etc. #2620			
City Miami		State FL	Zip Code 33131

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 12/14/01

REGISTERED AGENT MUST SIGN

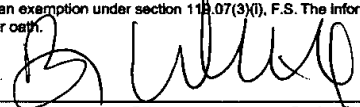
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PLD	Barney Weinkle	718 Diplomat Parkway	Hallandale, FL 33009

REINSTATEMENT 94-21

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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 _____ Date _____ Daytime Phone # _____

CR2E081 (8/00)