

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 AUG 14 PM 12:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

UBR
01-02

DOCUMENT # P97000014686 (4)

1. Corporation Name

La Bella Napoli Pizzeria, Inc.

2. Principal Office Address

4071 13th Street

Suite, Apt. #, etc.

3. Mailing Office Address

4071 13th Street

Suite, Apt. #, etc.

City & State

St. Cloud, FL

City & State

St. Cloud, FL

Zip

Country

34769

U.S.A.

Zip

Country

34769

U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida

2-14-1997

5. FEI Number

59-3485762

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

Gennaro Piccolo

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

3220 Pine Ridge Circle

Suite, Apt. #, Etc.

City

Kissimmee

State
FL

Zip Code

34746

208807169342-6

-08/16/02--01031--029

****300.00 ****300.00

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

REGISTERED AGENT MUST SIGN

Date

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
DP	Gennaro Piccolo	3220 Pine Ridge Circle	Kissimmee, FL 34746

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 (9/01)

AB

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La Bella Napoli Pizzeria, Inc.
4071 13th Street
St. Cloud, Florida 34769

August 9, 2002

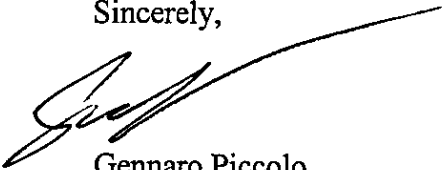
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl 32314

Gentlemen:

Per a telephone conversation with an agent in your reinstatement office, I have enclosed a check in the amount of \$300.00 representing the amount of fee required to reinstate the above corporation. I was told that because the original Uniform Business Reports were returned to your office undeliverable the fee for reinstatement was only \$300.00.

Thank you for your help in this matter.

Sincerely,



Gennaro Piccolo
President