

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2020 JUN -4 PM 12:07

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L12000039198			
1. Limited Liability Company's Name 455 TARPON AVENUE, LLC			
2. Principal Office Address - No P.O. Box # 9469 RIDGE BLVD		3. Mailing Office Address PO BOX 090-353	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State BROOKLYN, NY		City & State BROOKLYN, NY	
Zip 11209	Country USA	Zip 11209	Country USA
B. Name and Address of Current Registered Agent			
Name PANORMITIS KOULIANOS			
Street Address (P.O. Box Number is Not Acceptable) Suite 623 E TARPON AVE			
Apt. #, etc.			
City TARPON SPRINGS		State FL	Zip Code 34689
9. I am being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S. Signature of Registered Agent: <i>Paul M. H.</i> Date: 6/1/2020 REGISTERED AGENT			
10. Names and Street Addresses of Authorized Representative Managers			
Title	Name of Authorized Representative/Manager	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGR	PSARELLIS, STEPHANOS C	PO BOX 090-353	BROOKLYN, NY 11209
MGR	PSARELLIS, MARIO	PO BOX 090-353	BROOKLYN, NY 11209
MGR	NOTIAS, CAROL	PO BOX 090-353	BROOKLYN, NY 11209
11. E-mail Address: NIKOULIANOSLAW@GMAIL.COM			
(To be used for future annual report notifications)			
12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. My firm's best effort information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S. Signature of authorized representative/member: <i>Stephanos Psarelis</i> Date: 5/28/20 Daytime Phone # Typed or printed name of signing authorized representative/member: STEPHANOS PSARELLIS			

RECORDED & INDEXED
JUN 04 2020 11:00 AM EST

CR20241 (1/14)

REINSTATEMENT

JUN 4 2020

R. HUNT