


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

97 OCT 27 PM 2:39

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 145302

1. Corporation Name
GREEK-AMERICAN COMMUNITY OF FLORIDA, INC.

Principal Place of Business Mailing Address

27873 U.S. 19 N.
CLEARWATER, FL.; 33761

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 93-97

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1991	
City & State		City & State		5. FEI Number	
Zip		Country		Applied For <input checked="" type="checkbox"/> Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City, State, Zip
	PANAGIOTIS A. BAXIVANAKIS		
ACTING PRES.	PANAGIOTIS A. BAXIVANAKIS	751 DODECANESE	TARPON SPRINGS, FL. 34689
D	SOCRATES CHAROS	1961 PINEHURST RD.	DUNEDIN, FL.
D	PANTELIS MARKOULLAKIS	3437 DEVONSHIRE RD	HOLIDAY, FL. 34691
D	PARASKEVI PATRIDES	1958 WOODTRAIL ST.	TARPON SPRINGS, FL. 34689
D	MIKE PSILAKIS	452 MANDALAY AVE.	CLEARWATER 33767

8. Name and Address of Current Registered Agent

SOTIRIOS AGELOS
27873 U.S. 19 N.
CLEARWATER, FL. 33761

9. Name and Address of New Registered Agent

Name: JB
 Street Address (P.O. Box Number is Not Acceptable): 10-28-97
 Suite, Apt. #, Etc.:
 City: FL State: FL Zip Code:

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: [Signature] REGISTERED AGENT MUST SIGN Date: 10/23/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. 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: PANAGIOTIS A. BAXIVANAKIS
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 10-28-97 Daytime Phone #: 813-938-7709

CFR2040 (12/96)