

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 OCT 17 AM 9:26

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P02000094282**

1. Corporation Name

EDEN-ATLANTIC INC.

Principal Place of Business

3940 NE 8TH AVE
~~FT LAUDERDALE FL 33308~~

Mailing Address

3940 NE 8TH AVE
~~FT LAUDERDALE FL 33308~~

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc. **3940 NE 8th AVE**
 City & State **OAKLAND PARK FL**
 Zip **33334** Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc. **3940 NE 8th AVE**
 City & State **OAKLAND PARK**
 Zip **33334** Country

4. Date Incorporated or Qualified To Do Business in Florida

08/29/2002

5. FEI Number

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$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	4 City / State / Zip
PVST	CHRISTODOULOU, PHILIPPE	3940 NE 8TH AVE	FT LAUDERDALE FL 33308 OAKLAND PARK 33334
D	CHRISTODOULOU, PHILIPPE	3940 NE 8TH AVE	FT LAUDERDALE FL 33308 OAKLAND PARK 33334

600023908746
 10/17/03--01064--011 **150.00

8. Name and Address of Current Registered Agent

CHRISTOPHER M. NINOS CPA, PA
 1600 S DIXIE HIGHWAY STE 307
 BOCA RATON FL 33432

9. Name and Address of New Registered Agent

Name **DIRECTOR AS SOLE AGENT**
 Street Address (P.O. Box Number is Not Acceptable) **PHILIPPE CHRISTODOULOU**
 Suite, Apt. #, Etc. **3940 NE 8th AVE**
 City **FT LAUD. OAKLAND PARK** State **FL** Zip Code **33334**

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. or 617.0505, F.S.

Signature of Registered Agent

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

10/15/03

11. 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:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/15/03

Daytime Phone #

954 648-2495

CR2E040 (7/03)

Eden - Atlantic
Environmental Design

PHILIP CHRISTODOULOU
email: eatlantic@worldnet.att.net

Tel: 954•527•0716
Fax: 954•527•1985

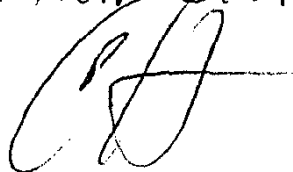
10/15/03.

RE: RESTATEMENT - EDEN-ATLANTIC, INC.

~~DEAR GENTLE PERSONS:~~

I INCORPORATED MY CO.
ON 8/29/02 AND HAVE FILED MY REPORT
WITH THE STATE ON SEPTEMBER 15, 2003.
I HAVE NOT RECEIVED ANY CORRESPONDENCE
FROM THE FLA DEPT OF STATE SO I
DID NOT AS YET PAY THE FILING FEE.
I RESPECTFULLY REQUEST A WAIVER
OF THE REINSTATEMENT FEE.
PLEASE ACCEPT PAYMENT OF \$150⁰⁰ FOR
FILING FEE. ALL FORMS HAVE (CORRECTED)
ADDRESS FOR CORRESPONDENCE.

PHILIP CHRISTODOULOU

 10/15/03