

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAR -3 AM 9:00

SECRETARY OF STATE
TALLAHASSEE FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 353788

1. Corporation Name

ROY'S PLACE OF STEINHATCHEE, INC.

2. Principal Office Address

HWY. 361 / RIVERSIDE DR.

Suite, Apt. #, etc.

City & State

STEINHATCHEE, FL

Zip

32359

Country

USA

3. Mailing Office Address

P.O. DRAWER D

Suite, Apt. #, etc.

City & State

STEINHATCHEE, FL

Zip

32359

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/10/1969

5. FEI Number

59-1274638

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

ROY KARAGEORGE

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

RIVERSIDE DRIVE / P.O. DRAWER D

Suite, Apt. #, Etc.

City

STEINHATCHEE

State

FL

Zip Code

32359

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

Roy Karageorge
REGISTERED AGENT MUST SIGN

Date 03/01/04

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
P	ROY KARAGEORGE	RIVERSIDE DRIVE	STEINHATCHEE, FL 32359
VST	GEORGE KARAGEORGE	RIVERSIDE DRIVE	STEINHATCHEE, FL 32359
ST	GEORGE KARAGEORGE	RIVERSIDE DRIVE	STEINHATCHEE, FL 32359

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:

Roy Karageorge
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/01/04

Date

(850) 584-3812

Daytime Phone #

CR2E081 (01/04)