

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 15 AM 8:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **478888**

1. Corporation Name

**ATHENS HOTELS, INC.**

Principal Place of Business

Mailing Address

131 S.E. 1 STREET  
MIAMI FL 33131

131 S.E. 1 STREET  
MIAMI FL 33131

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

06/24/1975

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-1607180

Not Applicable

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	PAPADOPULOS, JUAN	7660 S.W. 124TH ST	MIAMI FL
S	PAPADOPULOS, PATRICIA	7660 S.W. 124TH ST	MIAMI FL
VD	PAPADOPULOS, JUAN E.	7660 S.W. 124TH ST.	MIAMI FL
D	PAPADOPULOS, CONSTANTINO	7660 SOUTHWEST 124 STREET	MIAMI FL

100023806981  
10/15/03--01025--024 \*\*158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JUAN PAPADOPULOS  
131 S.E. 1 STREET  
MIAMI FL 33131

Name

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

Suite, Apt. #, Etc.

City

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. or 617.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10/9/03

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 #

10/9/03 (786) 517-6757

Royalton Apart - Hotel  
131 S.E. 1<sup>st</sup> Street  
Miami, Florida 33131

---

October 10, 2003

Florida Dept of State  
Division of Corporations  
Annual Report / Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

Dear Sir,

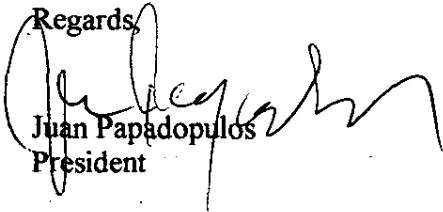
As instructed by your office, we are sending this letter to inform that this year we did not receive the Annual Report Form to renew. We have been incorporated since 1975 and have never had this problem in the past.

We are including the completed Reinstatement Form and a check for \$150.00.

We hope that this completes this process. If you have any questions or comments regarding this matter please contact me at (786) 522-5033.

Thank you for your help in this matter.

Regards,

  
Juan Papadopoulos  
President