

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 JUN 28 AM 11:10

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT #** 497635

**1. Corporation Name**

C & C LYCOURIS PROPERTIES, INC.

**2. Principal Office Address**

827 N. Atlantic Blvd.

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

Zip  
33304

Country  
USA

**3. Mailing Office Address**

2421 N.E. 7th Place

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

Zip  
33304

Country  
USA

**REINSTATEMENT** 9800

**4. Date Incorporated or Qualified  
To Do Business in Florida**

2/27/1976

**5. FEI Number**

59-1670957

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

Elizabeth Athanasakos

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

2700 East Oakland Park Blvd.

Suite, Apt. #, Etc.

Suite-D

City

Fort Lauderdale

State  
FL

Zip Code

33306-1623

**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

*Elizabeth Athanasakos*  
REGISTERED AGENT MUST SIGN

Date

6/26/00

**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
PDT	LYCOURIS, CATHERINE	2421 N.E. 7th Place	Ft. Lauderdale, FL 33304
VS	LYCOURIS, STEPHEN	2421 N.E. 7th Place	Ft. Lauderdale, FL 33304

**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:**

*Catherine Lycouris*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/26/00

Daytime Phone #