**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2005 JUN 20 PM 3: 48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 625845

**1.** Corporation Name

ANDYTOWN INC.

**REINSTATEMENT** 03-05

| **2.** Principal Office Address | **3.** Mailing Office Address |
|---|---|
| 1155 HILLSBORO MILE | 1155 HILLSBORO MILE |
| Suite, Apt. #, etc. 106 | Suite, Apt. #, etc. 106 |
| City & State HILLSBORO BCH, FL | City & State HILLSBORO BCH, FL |
| Zip 33062 | Country USA | Zip 33062 | Country USA |

**4.** Date Incorporated or Qualified To Do Business in Florida  6-13-1979

**5.** FEI Number 59-1925893

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  SOPHIA TSANOS

Name 1155 HILLSBORO MILE # 106    200058525892

Street Address (P.O. Box Number is Not Acceptable)  HILLSBORO BCH FL 33062    06/27/05--01004--013  **30.75

Suite, Apt. #, Etc.

City    State FL    Zip Code

**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 _____ REGISTERED AGENT MUST SIGN    Date 6/01/05

CR2E081 (01/05)

**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 |
|---|---|---|---|
| PRESIDENT | SOPHIA TSANOS | 1155 HILLSBORO MILE HILLSBORO BCH FL | 33062 / FL |
| TREASURER | KONSTANTINE TSANOS | SAME | |
| | | 000055590420 06/01/05--01071--002  **750.00 | |

**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.

954.4180408
cell 954-294-2625

SIGNATURE: _____ SOPHIA TSANOS    6-01-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #