

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/12

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT -6 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H 29508

1. Corporation Name

Chris M. Limberopoulos Associates P.A.

2. Principal Office Address

2202 N. Westshore Blvd.

Suite, Apt. #, etc.

140

City & State

Tampa, Fl.

Zip

33607

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-2458961

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

03UBR

7. Name and Address of Current Registered Agent

Name

Chris M. Limberopoulos

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

2202 N. Westshore Blvd.

Suite, Apt. #, Etc.

140

City

Tampa

State

FL

Zip Code

33607

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

Oct 1, 2003

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
Director-	Chris M Limberopoulos	2202 N. Westshore Blvd. Suite #140	Tampa, FL, 33607
President-	Chris M. Limberopoulos	2202 N. Westshore Blvd. Suite #140	Tampa, FL. 33607

10/14/03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Chris Limberopoulos

Date

10/01/03

Daytime Phone #

CR20081 (10/02)

2012

LIMBEROPOULOS & STEINGOLD, P.A.

October 1, 2003

Chris M. Limberopoulos

Attorney at Law

Board Certified Civil Trial Advocate

Andy B. Steingold

Attorney at Law

Edward M. Albrecht

Attorney at Law

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

2202 N. West Shore Blvd.

Suite 140

Tampa, FL 33607

Phone 813-875-1818

Fax 813-961-3431

North Tampa

Phone 813-962-8135

Brandon, FL

Phone 813-684-7881

Clearwater/

St. Petersburg, FL

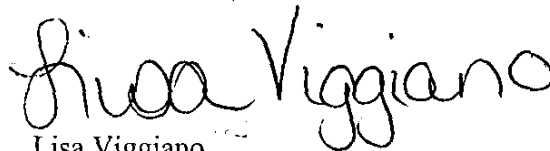
Phone 727-442-6510

RE: Waiver of reinstatement fees

Dear Madame or Sir:

This letter is to request a waiver for the reinstatement fees of the annual report. After substantial searching, I am unable to locate this report. It is my understanding that we never received this report. If you could please forward the Annual Report to Chris Limberopoulos & Associates, P.A. at 2202 N. West Shore Blvd., #140 Tampa, FL. 33607, it would greatly be appreciated.

Thank you in advance,


Lisa Viggiano
Accounting

Enc

cc: C. Limberopoulos