

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 27 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J08221

1. Corporation Name

KONSTANTINOS, INC.

2. Principal Office Address

C/O Joe's 17 St. Diner

Suite, Apt. #, etc.

1717 Eisenhower Blvd

City & State

Ft. Laud., FL.

Zip

33316

Country

Broward

3. Mailing Office Address

C/O Joe's 17 St. Diner

Suite, Apt. #, etc.

1717 Eisenhower Blvd.

City & State

Ft. Laud., FL.

Zip

33316

Country

Broward

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

04/09/1986

5. FEI Number

59-2663451

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

HALMOUKOS, Konstantino

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

C/O JOE'S 17th St. Diner

Suite, Apt. #, Etc.

1717 Eisenhower Blvd.

City

Ft. Laud., FL. 33316

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

Date 11-26-02

REGISTERED AGENT MUST SIGN

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
D	HALMOUKOS, Konstantino	1151 N. ATLANTIC BLVD. 17C	FT. LAUD., FL. 33304

9000009240859
11/27/02 01025 024 **150.00

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.

SIGNATURE:

R. HALMOUKOS

11-26-02

954-524-2701

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2EDB1 (9/01)



17 ST. DINER

rel 2

November 25, 2002

TO Whom it may concern,

Please be advised at this time that that we never recieved any notices or renewels concerning this fee.

We ask you to please waive your late fee.

Thank you for your patience and understanding, both are greatly appreciated.

Sincerly,
C-Halmoukos
Konstantinos Inc.