

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

00 APR 13 AM 11:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # J32630

**1. Corporation Name**

GEORGITSEE CORPORATION

**2. Principal Office Address**

1641 BAYVIEW AVE Bayview Ave

Suite, Apt. #, etc.

**3. Mailing Office Address**

1641 BAYVIEW AVE Bayview Ave

Suite, Apt. #, etc.

City & State

Bronx N.Y.

City & State

Bronx N.Y.

Zip

10465

Country

Zip

10465

Country

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

9-9-86

**5. FFI Number**

59-2738078

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

GEORGITSEE Corporation (STACY BARBAS)

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

1411 CASS Circle

200803213462-1

Suite, Apt. #, Etc.

04/24/00 01017-020

\*\*\*2133.75 \*\*\*2133.75

City

Springhill

State  
FL

Zip Code

34609

**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

Stacy Barbis

Date

4-5-00

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
Pres	BARBARA KATECHIS	1641 BAYVIEW AVE Bx N.Y. 10465	25°10
Vice Pres	JULIA SOLDATOS	2132 41st Street. Astoria, N.Y. 11105	25°10
Treas	STACY BARBAS	5372 SCHOOL ROAD NPR. FL 34652	25°10
Secy	DINO BARBAS	2820 MIAMI TOWN RD Bronx N.Y. 10456	25°10

**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

4-5-00

Date

352-683-6061

Daytime Phone #