

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 MAR -8 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J99316

1. Corporation Name

Kokotis Enterprises, Inc.

2. Principal Office Address

1130 Hgwy A1A Indialantic FL 32903

Suite, Apt. #, etc.

City & State

Indialantic, FL

Zip 32903

Country USA

3. Mailing Office Address

1130 Hgwy A1A Intl. FL 32903

Suite, Apt. #, etc.

City & State

Indialantic, FL

Zip 32903

Country USA

4. Date Incorporated or Qualified To Do Business in Florida

10/23/87

5. FEI Number

592862357

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

Kokotis, William

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

508 Latania Palm Dr.

Suite, Apt. #, Etc.

600003851986-8
-03/14/01--01016--024
***1958.75 ***1958.75

City

Indialantic

State FL

Zip Code 32903

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

William Kokotis

REGISTERED AGENT MUST SIGN

Date 3/4/01

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 |
|--------|-----------------------------------|--|--------------------|
| P | William Kokotis | 508 Latania Palm Dr. | Indialantic, FL |
| | | | |
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REINSTATEMENT 93-0178

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:

William Kokotis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/01

Date

Daytime Phone #

CR2E081 (9/00)