

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 MAY -3 PM 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K46209

1. Corporation Name

S.B.J. Inc. of Key West

400005555754--6

-05/16/02--01069--015

****200.00 ****200.00

2. Principal Office Address

3800 N. Roosevelt Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

3800 N. Roosevelt Blvd.

Suite, Apt. #, etc.

City & State

Key West, FL

Zip

33040

Country

USA

City & State

Key West, FL

Zip

33040

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11-17-88

5. FEI Number

59-2906266

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

Vasilio BILL Tsokas

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

3800 North Roosevelt Boulevard

Suite, Apt. #, Etc.

City

Key West

State

FL

Zip Code

33040

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

Vasilio Tsokas Vasilio Tsokas

Date 4-20-02

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
P	Vasilio Tsokas	3800 N. Roosevelt Blvd.	Key West, FL 33040

REINSTATEMENT 01-02

TS

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)(l), 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: Vasilio Tsokas President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-02
Date

305-296-8269
Daytime Phone #