PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.





FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State **DIVISION OF CORPORATIONS**

1. DOCUMENT # L02000033430

Name and Mailing Address

FILED OCT 31 AM 8 00

SEGRETARY OF STATE TALLAHASSEE, FLORIDA

0010133 01 AT 0,292 **AUTO T7 1 0615 33764-697770 Inflantidantifadabilahilahilahilahilahilahilahil KALYVAS GROUP II LLC 4175 EAST BAY DR 220 CLEARWATER FL 33764-6977



2. New Mailing Address 4. State/Country of Formation FL FL						
III SECOND AVENUE NE SUITE 702 St., REFERSKURG, FL 33701				Date Organized or Qualified To Do Business in Florida 12/12/2002		
Principal Pia 417 220	ace of Business 7 EAST BAY DR	s Address	6. FEI Number Applied For Not Applied For Not Applicable 7. CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee required for a Cartificate of Status			
ST. RETERSBURG, FL 33				On a Certificate of Status		
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent Name			
KALYVAS, EFTHYMIOS V 680-76TH AVE ST.PETE BEACH FL 33706			Street Address (P.O. Box Number is Not Acceptable)			
			City		FL	Zip Code
10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.						
Signature of Registered Agent Date 10-27-03 REGISTERED AGENT MUST SIGN						
11. Names and Street Addresses of Each Managing Member/Manager						
Title(s)			et Address of Each ing Member/Manag	t Address of Each g Member/Manager City / State / Zip		/ Zip
MGR	KALYVAS, EFTHYMIOS V	880 76TH AVE		ST.PETE BEACH FL 33708		
MGR.	TALTYAN MARTINA GL. 1888-78TH AX		<u></u>	ST. PETE BEACH FL 33700 TY.		
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12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filling this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.						