

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**


FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000034210

1. Limited Liability Company's Name

Hellenic Investments Group, LLC

2. Principal Office Address - No P.O. Box #
1523 Alternate Highway 19

Suite, Apt. #, etc.

City & State

Holiday, FL

Zip

34691

Country

USA

3. Mailing Office Address

70 Willowood Lane

Suite, Apt. #, etc.

City & State

Oldsmar, FL

Zip

34677

Country

USA

4. State/Country of Formation
Florida/USA5. Date Organized or Qualified
To Do Business in Florida 09/05/20036. FEI Number
01-6234294

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Harry Patsalides

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

70 Willowood Lane

Suite, Apt. #, Etc.

City

Oldsmar

State

FL

Zip Code

34677

3001834009127

07/20/10--01038--001 **\$16.25

9. 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

REGISTERED AGENT MUST SIGN

Date 07/14/2010

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Harry Patsalides	70 Willowood Lane	Oldsmar, FL 34677
MGRM	John Bangos	1523 Alternate Hwy. 19	Holiday, FL 34691
	L. SELLERS		
	JUL 21 2010		
	EXAMINER	REINSTATEMENT	08-2010

11. E-mail Address: fianeast@aol.com

(To be used for future annual report notifications)

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 filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.408, 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.

Signature of

Managing Member/Manager

Date

7/14/2010

Daytime Phone #

727-410-1187

Typed or printed name of signing Managing Member/Manager Harry Patsalides