

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 APR 25 AM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L51847

1. Corporation Name

Korinthos, Inc.

2. Principal Office Address

2881 NW 91st Ave

Suite, Apt. #, etc.

City & State

Coral Springs FL

Zip

33065

Country

USA

3. Mailing Office Address

c/o Wolfson + Assoc.

Suite, Apt. #, etc.

2801 n. University Dr

City & State

Coral Springs FL

Zip

33065

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

2-19-1990

5. FEI Number

65-0188357

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-05

7. Name and Address of Current Registered Agent

Name

Dimitrios Tsiakanika J

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

2881 NW 91st Ave

Suite, Apt. #, Etc.

City

Coral Springs

State

FL

Zip Code

33065

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

4/20/05

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	Dimitrios Tsiakanikas	2881 NW 91st Ave	Coral Springs FL 33065

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/05

Date

954 475 8270

Daytime Phone #

CR2E081 (01/05)

Korinthos, Inc.
2881 N.W. 91st Avenue
Coral Springs, FL 33065

April 20, 2005

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

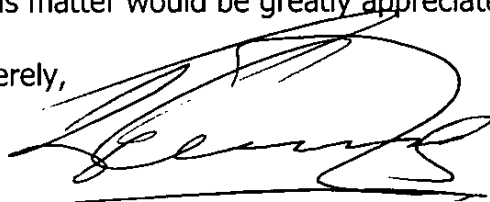
Re: Korinthos, Inc.
F.E.I.N. – 65-0188357

Dear Sir or Madam:

I am the President of Korinthos, Inc. I recently became aware that my corporation lapsed with the state. Please be advised that the necessary renewal documents were never received by my office since the address currently on file with the state has not been updated. I have enclosed a reinstatement form to update my company along with a check in the amount of \$ 450.00 for the renewal fees for 2003 - 2005.

Based on the foregoing, I respectfully request that you please remove the late filing penalties and accept my reinstatement form. Your help and understanding in this matter would be greatly appreciated.

Sincerely,

A handwritten signature in black ink, appearing to read 'Dimitrios Tsiakanikas', written over a horizontal line.

Dimitrios Tsiakanikas
President

Enclosures