

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


03 SEP -8 PM 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500022531495

08/25/03 - 01027-001 \$1200.00

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L58924
1. Corporation Name
Drenik Communications, Inc.

2. Principal Office Address 1785 Sunset Point Road		3. Mailing Office Address 1785 Sunset Point Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Clearwater, Florida		City & State Clearwater, Florida	
Zip 33755	Country USA	Zip 33755	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 03/20/1990

5. FEI Number 650199003 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED SEE 7b. Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Eleftherios Drettakis

Street Address (P.O. Box Number is Not Acceptable) 1785 Sunset Point Road

Suite, Apt. #, Etc.

City Clearwater State FL Zip Code 33755

00-03

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]* Date 8/21/03

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
PD	Eleftherios Drettakis	1785 Sunset Point Road	Clearwater, FL 33755

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]* Date 8/21/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRS/BAW (10/02)