

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR **97**
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

97 DEC -4 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L657608**
1. Corporation Name
PIRENEUS FOOD SYSTEMS INC.

Principal Place of Business
1003 LOXWOOD BLVD
ORLANDO, FL 32765

Mailing Address
P.O. Box 678087
ORLANDO, FL 32807

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida
April 1970

5. FEI Number
593059273

Applied for
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

**\$0.75 Additional Fee required
for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)		2 Name of Officers and/or Directors		3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)		4 City / State / Zip	
1	P	NICK KTSOPoulos		2845 GORDON ST.		TITUSVILLE, FL 32796	
2							
3							
4							
5							
6							

000002366940- -- 1
-12/09/97-01062--023
****750.00 ****750.00

REINSTATEMENT **97**

A. Alan

8. Name and Address of Current Registered Agent

NICK KTSOPoulos
P.O. Box 678087
ORLANDO, FL 32807
Same as above.

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City

State
FL
Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

THE REGISTERED AGENT MUST SIGN

Date

12.2.97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12.2.97

407.671.1760