

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 SEP -9 PM 1:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L85435

1. Corporation Name

KARDARITSI, INC.

200007833632--6  
-09/18/02--01067--004  
\*\*\*\*\*8.75 \*\*\*\*\*8.75

200007833632--6  
-09/18/02--01067--003  
\*\*\*1050.00 \*\*\*1050.00

2. Principal Office Address 15725 S. Dixie Hwy Suite, Apt. #, etc.		3. Mailing Office Address 15725 S Dixie Hwy Suite, Apt. #, etc.	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33157	Country USA	Zip 33157	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 6/20/90	
5. FEI Number 650228201	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name: POLATNICK, STEVE, ESQ  
 Street Address (P.O. Box Number is Not Acceptable): 10691 KENDALL DR  
 Suite, Apt. #, Etc.: SUITE 101  
 City: MIAMI  
 State: FL  
 Zip Code: 33176

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: Steve Polatnick Date: 9/6/02  
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
PR	GKITZIAS, PANAGIOTIS	413 POINCIANA DR	HALLOWALL / FL / 35009
<b>REINSTATEMENT 00-02</b>			

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: 9-6-02 Daytime Phone #: 954-274 2374  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E001 (8/01)