


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 MAR -14 PM 4:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #
1. Corporation Name
KARDARITSI, INC L85435
15725 S. DIXIE HWY
MIAMI, FLORIDA, 33157

2. Principal Office Address 15725 S. DIXIE HWY Suite, Apt. #, etc.		3. Mailing Office Address SAME AS OFFICE ADDRESS Suite, Apt. #, etc.	
City & State MIAMI, FLORIDA		City & State	
Zip 33157	Country USA	Zip	Country

500054243665
05/11/05--01012--007 **1508.75

4. Date Incorporated or Qualified To Do Business in Florida 6/20/1990	
5. FEI Number 65-0228201	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
Panagiotis Gkitzias

Street Address (P.O. Box Number is Not Acceptable)
15725 S. DIXIE HWY

Suite, Apt. #, Etc.

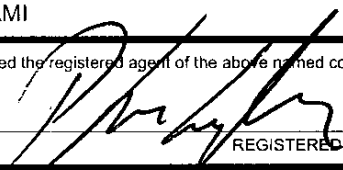
City
MIAMI

State
FL

Zip Code
33157

REINSTATEMENT 0305

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.

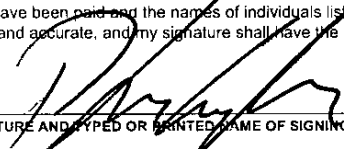
Signature of Registered Agent  Date April 6, 2005

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
DPT	Panagiotis Gkitzias	15725 S. Dixie Hwy	Miami, FL, 33157

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:  Date 4/6/2005 Daytime Phone # 305-252-2300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/05)