

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 DEC 12 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10072006 REIN-P CR2E098 (11/05) 06

4. FEI Number 65-0212055 Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VENIANAKIS, KONSTANTINOS
359 KELSEY PARK CIRCLE
PALM BEACH, FL 33410

Name Karibjanian, George D. ESQ

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

2255 Glades Road, STE 340 West

City Boca Raton FL Zip Code 33431-7360

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *George Karibjanian*
Signature, typed or printed name of registered agent, if not applicable.

(NOTE: Registered Agent signature required when reinstating)

11/5/06
DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2007, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME SIGANOS, GEORGE
STREET ADDRESS 1418 NEW ROAD, P.O. BOX 226
CITY-ST-ZIP NORTHFIELD, NJ 08225

☐ Change ☐ Addition
400080966344
10/18/06--01056--008 **758.75

TITLE DV ☐ Delete
NAME VENIANAKIS, KONSTANTINOS
STREET ADDRESS 359 KELSEY PARK CIR
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

George Siganos

10/6/06

604-646-2292

B. Michael

DEC 12 2006