

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 FEB -7 PH 3:18

DOCUMENT # N 39165

**1. Corporation Name**

CRETAN AMERICAN ASSOCIATION, INC.  
826 SW 18th ST  
FT. LAUDERDALE, FL 33315

400065820564  
02/14/06--01022--024 \*\*245.00

**2. Principal Office Address**

826 SW 18th ST

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL

Zip

33315

Country

USA

**3. Mailing Office Address**

826 SW 18th ST

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL

Zip

33315

Country

USA

**REINSTATEMENT** 03-06  
CR2E081 (12/05)

**4. Date Incorporated or Qualified  
To Do Business in Florida**

6/14/1980

**5. FEI Number**

59-2132699

Applied For

☒ Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

ANTHONY TATAKIS

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

826 SW 18th ST

Suite, Apt. #, Etc.

City

FT. LAUDERDALE, FL

State

FL

Zip Code

33315

**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

1/26/05

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	ALEX SOFIANOS	6827 MARIPOSA CIRCLE CT	POMERANUE PINES, FL 33331
VP	BILL SKANDRIDAKIS	5094 MARINA CIRCLE	BOCA RATON, FL 33486
T	ANTHONY TATAKIS	826 SW 18th ST	FT. LAUDERDALE, FL 33315
SD	ANNA MERUEL	746 SW 15th WAY	POMERANUE PINES FL 33027

**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 contained in Chapter 119, 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]

ANTHONY TATAKIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/26/05

Daytime Phone #

954260-4014

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aw