

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
STATE

06 FEB -7 PM 3:24

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N39589

1. Corporation Name
SOCIETY OF EPIROTES OF FLORIDA
EPIRUS, INC.

600065820476

02/14/06 01022 023 ***358 75

REINSTATEMENT 04-06

| | | | |
|--|-------------------|--|-------------------|
| 2. Principal Office Address 1020 SPRUCE DR. | | 3. Mailing Office Address 1020 SPRUCE DR. | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State Belleair Beach, FL | | City & State Belleair Beach, FL | |
| Zip 33786 | Country U.S.A. | Zip 33786 | Country U.S.A. |

| |
|--|
| 4. Date Incorporated or Qualified To Do Business in Florida 7-31-1990 |
| 5. FEI Number 59-3105658 |
| Applied For Not Applicable |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$2.75 Additional Fee required for a Certificate of Status |

7. Name and Address of Current Registered Agent

Name THEODORA SERVOS

Street Address (P.O. Box Number is Not Acceptable)
1020 Spruce Dr.

Suite, Apt. #, Etc.

City Belleair Beach

State FL Zip Code 33786

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 _____

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 |
|--------|-----------------------------------|--|-------------------------|
| P | VOULA KALYVAS | 543 DIVISION ST | Tarpon Springs FL 34689 |
| S | THEODORA SERVOS | 1020 Spruce DR. | Belleair Beach FL 33786 |
| | | | |
| | | | |

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: *Theodore Servos* Date: 02-06-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

21740